

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

October 19, 1985

a Benn publication

New contract —  
survey launched  
by Mr Tanna  
— Scottish  
contract clause  
out to Lords

RDC chairman:  
Clothier legal'

Drug stores'  
growth rates  
outstrips  
pharmacies'

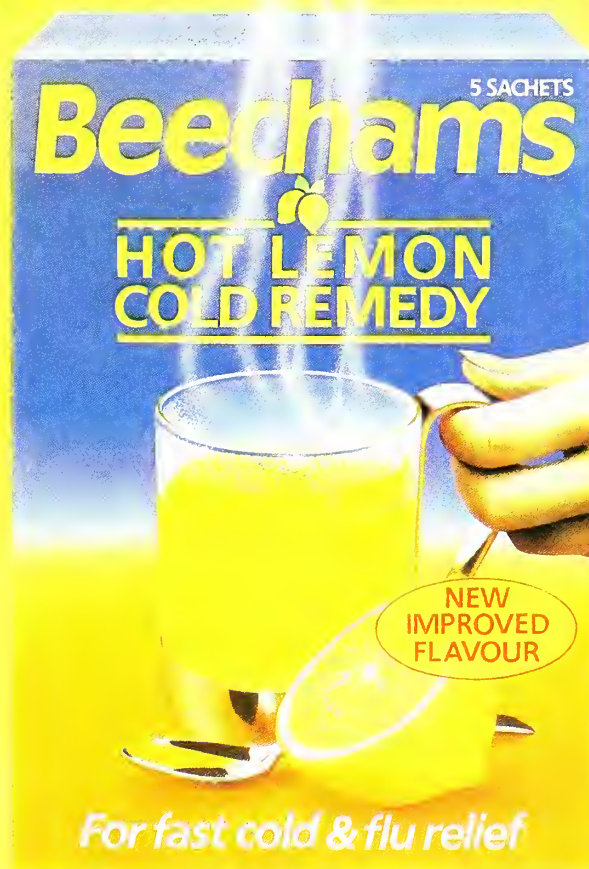
Grocers claim  
convenient  
chemist' role

AIDS — a guide  
for pharmacists

Underwoods to  
go public

BABY-CARE  
SUPPLEMENT

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Incorporating  
Retail Chemist

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## COMMENT

So far, so good. This week the Government has introduced the amendment to an omnibus Bill which will enable the Government to limit entry to a pharmaceutical contract in Scotland. If this legislation does proceed in Scotland, it will confirm the Government's goodwill towards the new contract negotiated in England and Wales and perhaps facilitate primary legislation South of the Border.

The 'new contract' survey promoted by proprietor pharmacist Ashwin Tanna, and carried exclusively in C&D this week, could further stir the Government into prompt action — assuming that Mr Tanna gets the "yes" vote he is expecting. If "rational location" is not brought in till mid-1987, the deluge of openings which reached a massive 136 in September (C&D last week, p650), could cost the Government dear.



PSNC was meeting as C&D went to press. Last week chairman David Sharpe hinted at the Committee's likely attitude to future negotiations on contractual matters (p669). It will be interesting to see whether the negotiating team and the executive get a rough ride, or whether the Committee maintains closed ranks in the face of the Government's duplicity.

The chameleon-like British Pharmacists Association is now

to have talks with DHSS officers, but as the Department's spokesman said, that doesn't necessarily have any great significance. What is clear is that many more organisations and individuals will try to infiltrate any future new contract negotiations at an early stage. So unless Ministers in PSNC's territory adopt the stance of their Scottish counterpart, John MacKay, and deal only with the official negotiating committee, then life could get very complicated. Meanwhile drug store growth continues to outstrip that of pharmacies (p723) and grocers are wanting to indulge themselves further, by selling more price maintained medicine and giving good advice (p693)! Come on in Nuffield, Stage 2 (or Stage 1 for that matter), and the Government's Green Paper on primary health services — pharmacy's number could almost be up.





## Ashwin Tanna launches 'new contract' survey

Proprietor pharmacist Ashwin Tanna this week invites contractors and pharmacists to take part in a survey through *Chemist & Druggist* to pressurise the Government into the early introduction of primary legislation to bring in the agreed new contract. On September 25, when the Minister for Health Barney Hayhoe announced the Government, at present, did not have powers under existing legislation to limit the contract, he said it stood by its agreement with the Pharmaceutical Services Negotiating Committee and would legislate as soon as its Parliamentary timetable allowed, probably in 1987.

### Vote, vote, vote for the new contract

The 'silent majority' of the profession can still put pressure on the Government to introduce primary legislation within six months to provide the necessary powers for the limitation of entry provision in the 'new' contract. This would remove the constant fear of 'leapfrogging' and the hardship it brings to decent community pharmacists.

Fellow contractors and members of Pharmaceutical Society, fill in this

*referendum form so that we can test the degree of support for 'and against' the new contract. Unless we can show the Government our solidarity as a profession by a resounding 'Yes' vote for the new contract proposals, we may lose the rational location element in that contract, which was a chance of a lifetime.*

*We are very close to getting it, it may never be offered again if the accepted package deal is not pursued vigorously. I appeal to my fellow pharmacists and contractors to fill in the accompanying form below without delay and post it to me c/o C&D's Editor.*

*Thank you for your co-operation.*  
**Ashwin Tanna,**  
London SE22.

Please return to Ashwin Tanna, c/o The Editor, *Chemist & Druggist*,  
Benn Publications plc,  
Sovereign Way, Tonbridge, Kent TN9 1RW.

I \*would accept/would not accept the new contract offered by the Government on May 25.

I \*ask/do not ask PSNC and PSGB to put firm pressure on the Secretary for Social Services, Norman Fowler, and Minister for Health Barney Hayhoe to introduce new primary legislation within six months, or less, to provide the necessary powers for limitation of entry into NHS pharmaceutical contracts

Signed .....

Name .....

Address .....

Please tick: Proprietor

Manager

Pharmacist

Non-pharmacist

Multiple

Independent

Number of shops in group.....

\*Delete as applicable

## FPC Society backs contract

The Society of Family Practitioner Committees last week passed a resolution calling for tighter security measures for pharmacies and supported pleas for the early implementation of pharmacy's new contract.

In previous years the Society of FPCs has passed resolutions calling for the rational location of pharmacies. This year Mr Bob Worby, member of PSNC but attending the meeting as a member of Barking and Havering FPC, related the events leading to the Department's climbdown over the new contract. He urged the FPC Society's Management Committee to impress on the Government that it was morally bound to find time early in this coming Parliamentary session to enact the legislation needed to implement the new arrangements. The audience supported Mr Worby with a strong round of applause.

The meeting also had chance to question Department officials on various matters. When Swindon pharmacist Mr Gordon Hill, Wilts FPC, asked when the Department would implement the new contract, Mr Tom Luce repeated the Government's commitment to the new arrangements.

At the Society's annual meeting in Llandudno, Liverpool FPC proposed that, in view of the increasing number of attacks on pharmacies, the Department of Health be asked to assist — financially if appropriate — with the installation or uprating of security systems, including the provision of linked "panic buttons." The motion was carried by a large majority.

A resolution was passed urging the Secretary of State to make provision for informal conciliation facilities for the dental, optical and pharmaceutical professions. A resolution making it a breach of the terms of service for pharmacists or GPs to supply Drug Tariff medicines after the recommended expiry date was referred to the Committee.

Northumberland FPC proposed the increasing importance of primary health care in preventive medicine should be recognised by offering positive incentives to GPs and by creating extra resources to develop the role of the primary health care team. The motion was carried.

A motion that "this conference, while agreeing with the principle of limited list prescribing, considers its application too rigid and needs an appeals procedure as a matter of urgency" was lost.

## Scottish clause put to Lords

A Bill passing through the House of Lords would give the Secretary of State power to implement the new contract in Scotland.

The Law Reform (Miscellaneous Provisions) (Scotland) Bill had passed the report stage as *C&D* went to press this week. The Government has tabled a clause 55 that would amend the NHS (Scotland) Act 1978 allowing the Scottish Secretary of State to make regulations relating to the provision of pharmaceutical services. The new clause spells out for the first time that the regulations would allow (pharmaceutical) services to be provided from premises subject to the approval of the pharmacy practice subcommittee.

If the Bill receives the royal assent the Government would have provided the primary legislation needed to lay regulations which would implement the contract in Scotland.

## A year in the life of RDC

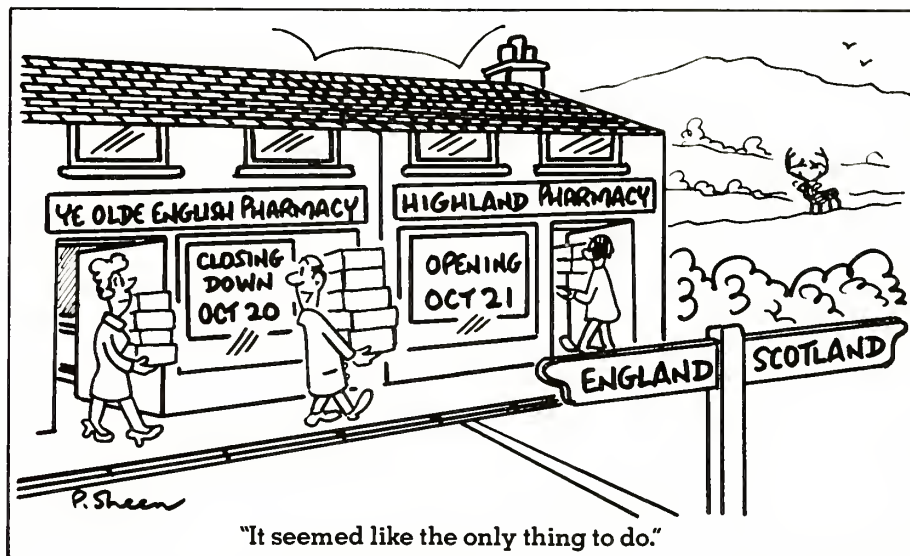
The Rural Dispensing Committee granted ten appeals from pharmacists during the year to March 31. Four were refused, two withdrawn and two were still to be decided.

Appeals in respect of 12 of the decisions were lodged with the Secretary of State, of which nine had been rejected with no decisions yet on the others.

Of 111 applications from medical practitioners received during the same period, 61 were granted in full, two in part only, 20 were refused and 27 remained to be decided on March 31. Appeals in respect of 19 of the decisions were lodged; 11 had been refused with no decisions on the others, the Pharmaceutical Services Negotiating Committee annual report notes. Of 57 Family Practitioner Committee decisions on rurality notified by 18 FPCs, 18 cases were contested. At March 31, seven had been rejected, one upheld and ten were still under consideration.

Total compensation agreed by the GMSC/PSNC Compensation Committee for general practitioners ceasing to dispense totalled £54,932 in the year, making a total of £131,972 since the start of RDC activities. Of this, some £98,261 is still outstanding, £25,157 was paid out in 1984-85.

*Chemist & Druggist 19 October 1985*



## BPA team to meet DHSS

The British Pharmacists Association is to meet officials from the Department of Health in the near future.

Publicist Mr Joey Martyn-Martin told *C&D* that on Tuesday the Association had received a letter from the Department, inviting BPA to arrange a meeting, in reply to representations they had made to the Health Minister Barney Hayhoe. The joint honorary acting general secretaries, Charles Flynn and Meir Kattan, will represent the Association, says Mr Martyn-Martin. A Department of Health spokesman told *C&D* "You shouldn't read

too much into it. If anyone with a point of view asks to meet us, we are happy to accommodate them."

The BPA is also producing a yearbook. Along with the usual yearbook type of information and BPA editorial, Mr Martyn says the 110 or so pages will contain articles by two or three politicians on the state of the health service, and on how they see pharmacy in the future. Originally planned as a 5,000 print run, Mr Martyn-Martin says this has been extended to 10,000. It will be sent to all members.

□ Secretary of the Pharmaceutical General Council (Scotland) says in a newsletter to Scottish contractors "The Minister, Mr John MacKay, has given a clear undertaking that he will only negotiate now, and in the future, with the PGC and with no other body."

## New measures on drug misuse

Government proposals for confiscating the assets of drug traffickers were outlined last week by Mr David Mellor MP, Parliamentary Under Secretary at the Home Office.

Mr Mellor also announced additional drug-related assistance to overseas Governments, including £1 million over three years for Columbia, Peru and Bolivia to reduce the illicit production of cocaine.

Among the proposals is a new offence of handling the proceeds of drug trafficking, punishable with a maximum of 14 years' imprisonment. There would be new powers for police and customs to obtain information about the movement or disposal of the proceeds of drug

trafficking and High Court judges would, at the onset of criminal proceedings, be able to make a restraint order freezing the assets of a person believed to be involved in drug trafficking or money laundering.

The Crown Court would be required, on conviction, to impose a confiscatory fine equal to the full extent of the proceeds of the defendant's drug trafficking activities. All the defendant's income and assets would be considered as proceeds of drug trafficking unless proved otherwise and the court would also be able to take into account assets which an offender had given to third parties.

Ciba Corning have published a guide to ion-selective electrode analysis in food processing. The booklet gives details of apparatus, operating date and sample preparation required for ISE measurements, and is available from Ciba Corning Diagnostics Ltd, Halstead, Essex CO9 2DX (tel 0787 472461).



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## Grocers claim 'convenient chemist' role

**Nearly 80 per cent of independent grocers are asked for advice on what self medication customers might use for minor ailments.**

This rather startling statistic comes from research carried out for *Independent Grocer* magazine. "It gives manufacturers 40,000 salesmen. The size of this figure shows just how valuable the independent grocer section could be to the home medicine and first aid manufacturer," says the report. Would it not make sense for some of the advertising cash to be diversified into the local grocer, it asks, "...making him better equipped to be a 'convenient chemist' — a role he now

increasingly takes on since he is often open when the traditional chemist is closed."

Over 18 per cent of the grocers surveyed said they devoted more than 12 ft to home medicines, and 62 per cent were seeing that business increasing. Among things grocers said would help them increase profit on home medicines was the price marking of products by manufacturers, more POS and window material, and information, and bigger ranges.

The report was, however, misleading for grocers in one respect. Despite advising them to consult the Proprietary Association of Great Britain with legal queries or if there was any doubt over which products could be stocked, the article listed several Pharmacy medicines in its A to Z of available brands, notably Contac 400, Sine-off, Procol, Antussin, Carylterm, Prioderm, Eludril, Akrotherm and Esoderm.

## Some changes to GSL order

**Regulations coming into effect on November 1 make changes to the General Sale List.**

Substances added to Schedule 1, table A, are celery oil, medicinal charcoal and dichloroxylenol (maximum strength 0.5 per cent when used internally and 5 per cent when used externally). Substances added to table B (for external use only) are

alum, aluminium sulphate, amber oil, disodium edetate, eugenol, formaldehyde solution (maximum strength 1.3 per cent for use as a dentifrice), octaphonium chloride and oleic acid.

The Medicines (Products Other Than Veterinary Drugs) (General Sale List) Amendment Order 1985 (SI 1985 No 1540, HMSO £1.35) also excludes from the General Sale List and its automatic machines section medicines for use as enemas, irrigation of wounds or irrigation of the bladder, vagina or rectum.

## Jail sentence for burning rivals

**The director of a pharmacy company was jailed for three years at the Old Bailey last week for setting fire to rival chemists shops. Judge Anthony Lewisohn told 35-years old Kirit Patel, that he had launched a campaign of "commercial sabotage."**

Mr Patel, a former Metropolitan Police Constable, from Silverleigh Road, Thornton Heath, was appearing for sentence, having been convicted in July of three charges of arson and two of recklessly or intentionally putting life at risk through arson. He had pleaded not guilty and claimed he was not the arsonist.

Mr Robert Seymour, prosecuting, said the fires, all within hours of each other one night in April, 1984, were started at Nettles Pharmacy in Upper Tooting Road,

Tooting; St Clare Ltd, Fair Green Parade, Mitcham; and Cranston Ltd, London Road, Thornton Heath.

Inflammable liquid was poured through letter boxes and ignited. The premises were gutted and people living above and next to the shops had to make desperate escapes and could have been killed.

Mr Seymour said the total damage caused to the firms involved was in excess of £100,000 in addition they suffered a total loss of profits of £60,000.

Mr Patel, who worked at his wife's pharmacy in London Road, Thornton Heath, was arrested after acting suspiciously and posing as a policeman at the scene of one of the fires. He was said to have come to Britain from Kenya at the age of 12 and worked as an accountant before joining the police. He was in the force for six years.

Judge Lewisohn told him: "Arson is a very serious offence and must be met with a substantial term of imprisonment."

## Underwoods go public to grow

**Underwoods (Cash Chemists) Ltd are expected to go public in the next two weeks in order to raise around £30m for future expansion.**

Managing director Brian Kerner told *C&D* the company would not be changing its trading policy but hoped to expand from its present 31 stores to 41 by next January. He said the new pharmacies would either be in Central London, its suburbs or in a triangle bounded by Bristol, Brighton and London — two branches will open shortly in Bath and Maidstone.

Mr Kerner does not expect the NHS turnover to increase much beyond its present 3 per cent level or the store sizes to be any greater than the current 3,000 sq ft average. He says the flotation would have happened even if the new contract had been introduced "No one believes us when we say we were fighting for a principle."

Shareholders will have to make available at least 25 per cent of their shares. The major shareholder is founder Harry Woolf followed by Brian Kerner and Joe Shapiro — they hold 95% of the company stock between them.

## Winding up of Maltown

**Maltown Ltd were compulsorily wound up last week after a successful petition was presented by Max Factor Ltd in the Royal Courts of Justice in London.**

Maltown Ltd say they were heavily involved in the export of proprietary medicinal products to Nigeria and were severely affected by the inability of that country to meet its foreign debts. Shipments made in 1982 of some £250,000 remain mostly unpaid out of a £1.5m total. More recently the company says it came under heavy attack for its drug importing activities, incurring the wrath of major multi-national drug companies such as Glaxo, manufacturers of Ventolin inhalers. And Sterling Drug Co also sought to prevent Maltown exporting Panadol from England, through an action in the high court of Malaya, albeit without success.

"The high cost of defending these actions in the interests of free trade together with the Nigerian payment problems caused the company's demise," say Maltown in a statement issued this week.



## List problems still for GPs

**The limited list is still causing problems for GPs six months after it was introduced, according to a Gallup survey.**

The fear that restriction might lead to escalating drug costs appears to have been partly realised — some 42 per cent of the 131 GPs surveyed said they had prescribed stronger or more expensive drugs instead of minor blacklisted ones, such as antibiotics for coughs and colds. However 56 per cent said they prescribed more drugs as generics now.

Some 57 per cent of the GPs said patients were still having problems as a direct consequence of the list. Of the blacklisted categories, the one causing the most problems were cough and cold remedies (mentioned by 44 per cent), bitters and tonics (42 per cent) and antacids (34 per cent).

Over 90 per cent had at some stage dealt with the list by writing a private prescription and 84 per cent had advised patients to buy over the counter, though only 18 per cent had done so on average more than twice a week. The survey was published in *General Practitioner*.

## On specs growth

**Growth in the spectacle market will largely depend on the rate of price reductions, according to an MSI Database survey.**

If prices get low enough, the main potential is likely to stem from existing wearers buying a second or third pair to match clothing or for a special purpose such as sport, the report suggest.

Several non-qualified retailers have reported difficulty in finding suppliers among prescription lens houses and frame manufacturers. Many have been turned down because they were unqualified, the report says, adding that ophthalmic opticians have been refusing prescriptions after hearing that patients intend to have them dispensed by unqualified people.

MSI estimate sales of contact lens solutions and accessories to be worth £9m in 1984. Soft lens solutions are believed to account for most sales. The soft lens market, at some £27m, is regarded as a far more important sector than hard lenses, sales of which are still under £1m. "MSI Database: Ophthalmic Goods: UK, September 1985" (£30). Marketing Strategies for Industry UK Ltd, 32 Mill Green Road, Mitcham, Surrey CR4 4HY.

## Letters pray...

This week I've got to start with the letters. It takes a lot to get your average pharmacist wound up. I'm different, since if I weren't, I'd hardly be writing a weekly column — my "wound-upness" has to be taken for granted. Nothing gives me so much reassurance as the deep rumble of anger I have heard and seen evidenced in the spate of letters triggered off by the contract debacle.

Any one of those letters (along with it, my article last week, of course) could be forwarded, along with your own written comment, to your MP and the blighted Mr Hayhoe.

Of course there is, as always, someone busy crying for resignations. Remote, indeed, from the realities of this murky political world he must be, to want to throw out the present team, in favour of a completely fresh pack of greenhorns. The letter from Underwoods will, of course, be read and seen as clearly identifying their concern at the "Inhibition of growth of dynamic companies and the frustration to the forward planning of very large companies." What further comment is necessary?

## Telling tales of the unexpected

The most telling statements came from David Sharpe. Every paragraph in the page of the interview with him carried the unmistakable punch of truth — and the understanding of the realities of negotiation. We all know in our gut that the British Pharmacists Association statements were so grotesque as to be written off as worthless. Far more sinister is the fact of "...threatened litigation by organisations of much firmer base, and unlimited funds to litigate."

There we have it. It was the companies who sank our hopes, not the bletherings of BPA. And they did it with notable success, so far as they were concerned, even writing of their satisfaction.

As for the future? I suppose its a case of "Onward, Christian, Jewish, Muslim, Hindu, soldiers, marching as to war...with the cross, star, crescent and whatever...going on before."

## Not me?

Other letters referring to my article about entry pads gave me endless pleasure. It has been deduced that I cannot be in

Scotland, in the Midlands, in the South, or in the North from what I have said. Lovely! The truth is, I don't exist at all, and merely function from my phantom pharmacy on the roof of Benn Publications plc. From this vantage point I overhear the moans and niggles of fellow pharmacists and report them, hand on heart, as though they were my own. You'll have to learn you can't rely on me, chaps, for the *absolute* truth, all the time. And be careful what you say, for not only have I X-ray vision, but, triumphantly, X-ray hearing, as well!

## Drug abuse and PSGB's Council

Our Council is considering ways of involving pharmacists in combatting drug abuse and addiction, having been informed of the Practice Committee's concern that we should take some action.

I have to say, I find myself wondering just what we can be expected to do about a problem which, so far as I can see, is largely beyond the orbit or control of pharmacists. With a couple of exceptions — which concerned patients who became addicted because their doctors put them on addictive drugs for clinical reasons and then had to be weaned off — all the addicts I have met were hooked by illicit drugs. I am not getting involved in that world at any cost. Not only is it physically dangerous, it would immediately render us vulnerable to suspicion, which must mean our professional "death".

The only way I see our being of any help would be to monitor, carefully, the supplies of drugs prescribed for addicts. I have often wondered why we don't include a column in the CD registers for daily dose requirements, for example. In the past I had a basinful of addicts, most of them causing endless aggravation, with stories of lost tablets, stolen possessions, including, alas, their prescriptions, which would have tried the patience of Job. Being a pharmacist I didn't give in, but booted them out, dead certain they would survive. And they did.

At the time I set up cards for each of them at the back of the register, where I plotted the number of days treatment accurately against the frequency of scripts. It was surprising how many managed to get from three to ten days extra supply in a four or five day week period. My mates in the CID were always grateful when they made their drug squad visits. They reckoned — profound cynics that they were — that the spares were being sold. The Council may find this of interest...



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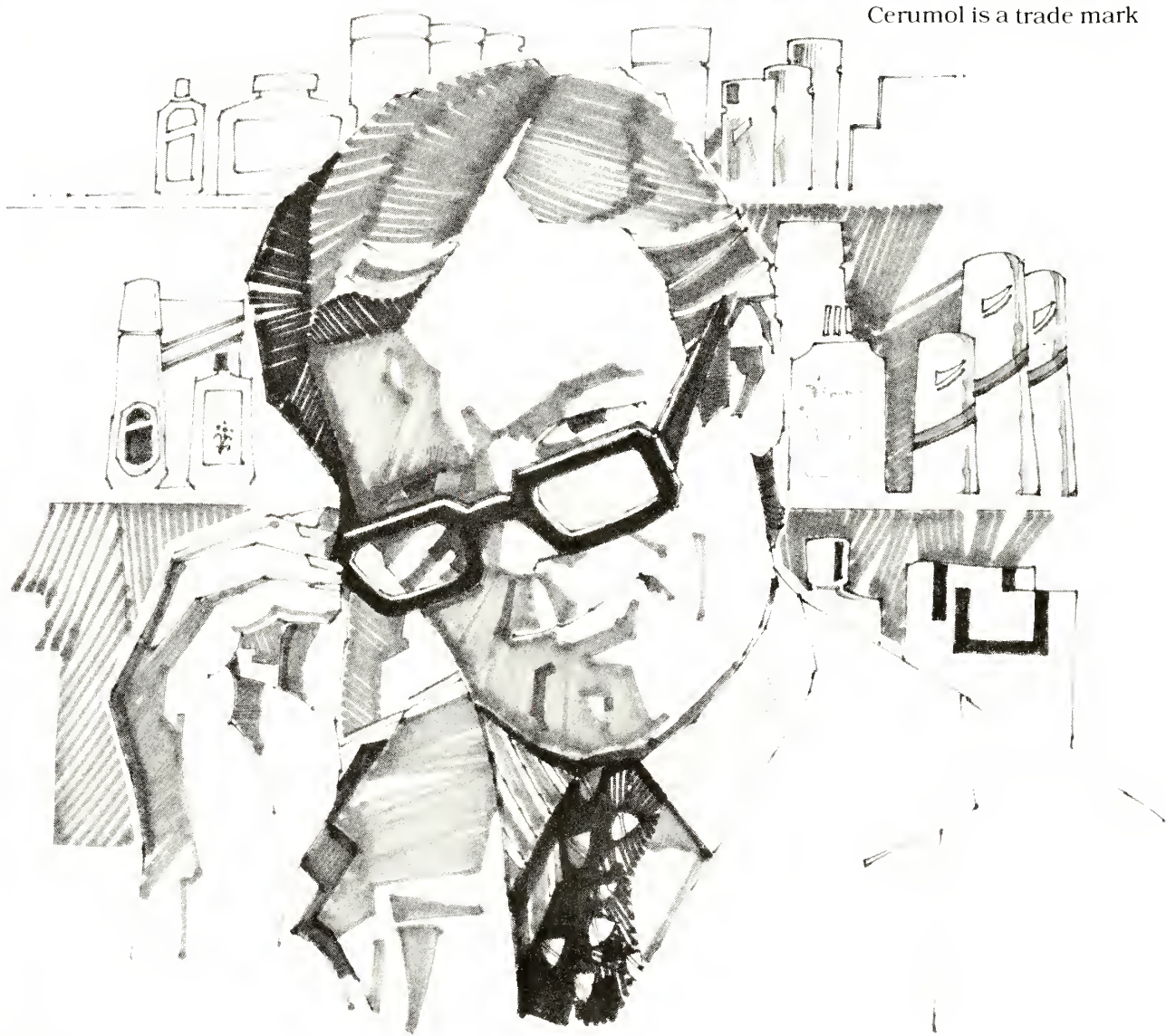
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## Beecham push Silvikrin...

Beecham Toiletries are promoting the shampoo, conditioner and hairspray ranges of their Silvikrin hair care collection through on-pack offers.

The five variants of Silvikrin shampoo in both sizes will be available as special twin packs retailing at bargain prices of around £1.09 and £0.89 respectively.

Special 360ml, 210ml and 120ml sizes of Silvikrin hairspray — with all four variants flashed with "20 per cent extra free" — will retail at the normal in-store prices of the regular 300ml, 175ml and 100ml cans, respectively. While the three Silvikrin conditioner variants will be packed in 187.5ml sizes: each flashed with "25 per cent extra free" and retailing at the usual price of the 150ml bottle. *Beecham Proprietaries Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

## Body Mist 2...

Body Mist 2 is being promoted by Beecham Toiletries by means of bargain priced packs.

All four variants of the 100ml aerosol can are flashed with "69p" while both variants of the recently launched 52g solid stick are flashed with "£1.29." *Beecham Proprietaries Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

## ...and Vosene

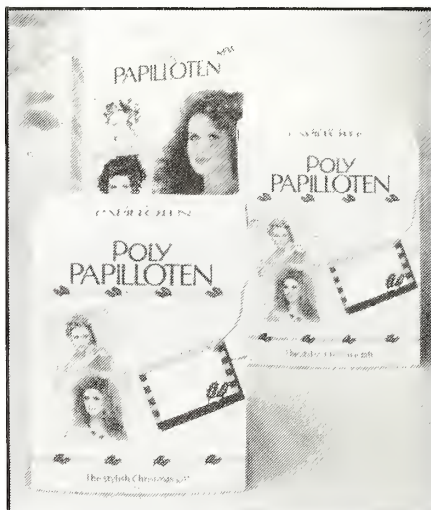
Vosene is being promoted by an added-value offer of an extra third of product free.

Special sizes of Vosene — flashed on-carton with the message: "33 per cent extra free" — are now available. Each contains 200ml on offer at the normal in-store retail price of the 150ml. *Beecham Proprietaries Toiletries, Beecham House, Great West Road, Brentford, Middlesex.*

## A glowing Xmas

A Christmas presentation offers a face brush with a pot of Ultra Glow for £14.70.

The brush is pink and has a normal retail price of £5.95, say Ultra Glow. The gift box comes in cream and pink, with a gold tie and printed gift tag. *Ultra Glow, International Business Centre, 90 Regent Street, London W1R 5PA.*



Poly Papilloten is being specially packaged as a Christmas gift. The decorated sleeves, which fit over the existing packaging, are designed to encourage the purchase of Poly Papilloten for Christmas. Warner-Lambert Health Care describe sales of Poly Papilloten, launched in April, as "phenomenal." The packs will be available to the trade from late October. If any packs are unsold by Christmas, then the seasonal sleeves can be removed to reveal the conventional packaging underneath, say Warner Lambert Health Care, Southampton Road, Eastleigh, Hants SO5 5RY

## Ferre Press Network

Network Management are promoting Gianfranco Ferre the fragrance and bath range, with a pre-Christmas advertising and promotion spend of £100,000.

The campaign commences with a fragrance covermount on the November issue of *Woman's Journal* and continues with advertorials in the December issues of *Tatler* and *Harpers & Queen*. In addition Network will be placing full colour page advertisements in leading women's interest magazines. *Network Management Ltd, 50 London Road, Brentford, Middlesex.*

## ON TV NEXT WEEK

GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	TT Tyne Tees

**Actifed:** All areas except U, Bt, C4 (all except U)  
**Anadin:** G, Y, C, A, C4  
**Askit powders:** STV  
**Baby Wet Ones:** All areas except C4  
**Benylin:** All areas  
**Bic razor:** All areas  
**Cod liver oil:** All areas  
**Complete Care:** All areas except CTV, Bt  
**Harpic:** Y, A, TVS, TTV

## Vestric throw in a towel

A new kitchen towel has been added to the Vantage range of household and toiletry own-label products from Vestric.

The 70 sheet, extra absorbent kitchen towels, are produced in white. The packs are available to the chemist in 12 twin packs, trade price £7.68, with a recommended sale price of £0.89 per pack.

Mr Paul Aspinall, Vantage product manager says, "This new product follows the successful relaunch of Vantage toilet tissue, produced by the same manufacturer and will strengthen our



place in the own-label paper products sector. With the high specification kitchen towel, the Vantage member will obtain a good margin, especially when the product is ordered in a discount parcel." *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

**Hedex:** G, LWT, Y  
**Kleenex Velvet toilet tissue:** GTV, B, C, A, HTV, TSW, TVS, TTV  
**Linctus expectorant:** All except U, Bt, C4 (all except U)  
**Listerine:** All areas  
**Lux:** All areas  
**Nurofen:** All areas except CTV  
**Oz cleaning products:** A, TVS, TTV  
**Perfect Colour:** All areas  
**Poly Foam:** All areas  
**Ribena:** All areas  
**Robitussin:** Bt  
**Sanatogen vitamins:** All areas  
**Scholl Lite Legs:** GTV, STV, B, Y  
**Signal toothpaste:** C, TTV  
**Simple skin care:** C4 (TTV, C, A, TVS)  
**Veganin:** All areas (C4 Y only)  
**Vaseline petroleum jelly:** Bt  
**Yardley White Satin:** All areas



**WHY MISS A SINGLE SALE?**

**£500,000**

# **RALGEX BIGGEST-EVER CAMPAIGN**

Big in the press from September  
to March.

20% Extra Free Offer.

Stock up now.



**ralgex**

spray-on  
relief

for muscular pain,  
rheumatic pain,  
lumbago, and sciatica



**RALGEX PROFITS YOU FAST**

# For high quality drugs at low prices, just pick up the phone.

There's only one problem with having a good idea. Eventually people will try to copy it.

The Evans philosophy is to support you the retail pharmacist by supplying high quality drugs at low prices, in any quantity you want, at any time you want them, through your local wholesaler.

Happily for us – and for you – we've been practising what we preach for some years now, so we know exactly what we're doing.

We know, for example, how to keep our prices competitive across our comprehensive range of products.

We know that it doesn't pay to cut corners, that's why our products are manufactured to exacting Evans specifications. We are also committed to uniquely identifying every individual dose form.

We've learned how to keep our range up to date by maintaining close contact with you and with GPs.

And we know how to react quickly and reliably to all your pharmaceutical needs, however large or small.

Of course – eventually, someone will have the good sense to try and imitate the Evans philosophy. Let's hope they know what they're doing too.

**QUALITY DRUGS, WHOLESALER SENSE**

***Evans***

*A member of the Glaxo Group*





(It still rings true)



**Evans**

MEDICAL LIMITED



# After the agony of the last few months, Fisons offer some fast-acting relief.



The effects of the limited prescribing list have caused one or two headaches for all of us.

What is needed is an effective and speedy remedy. It calls for Paracodol, now available as Co-codamol Eff. (the British approved name for Paracodol prescriptions). Paracodol contains a powerful combination of codeine phosphate and paracetamol to relieve pain associated with headaches, rheumatism and flu.

At least with Co-codamol Eff., or Paracodol, you know you have a strong analgesic to relieve your customers' and patients' pains, as well as a few of your own!

**co-codamol eff.**  
The prescribable form of Paracodol.





## Bowater add Libra liner

Bowater-Scott are adding panty liners to their Libra range.

Packed in drawstring polybags (40 per bag), the liners are offered at an introductory price of £0.99. A £700,000 national advertising programme will back the Libra name, along with a promotion next year — details will follow.

"The panty liner sector has nearly tripled in volume since 1981," says the company, which attributes much of this growth to demand for larger packs. Cases contain 12 of the 40-liner packs. *Bowater-Scott Corporation Ltd, Bowater-Scott House, East Grinstead, West Sussex.*

## Sharp offer

Wilkinson Sword are running two offers on their Christmas point-of-sale material.

For orders of six cases — two Double Edge and two Profile, plus one case of blades for each — retailers will receive a £3 Dewhurst voucher, a counter display and seasonal header card. Extra orders of three or more cases of any goods offer a free manicure set valued at £8.95, say *Wilkinson Sword Ltd, Sword House, High Wycombe, Bucks HP13 6EJ.*

## Crompton shed new light

Crompton Vidor have introduced new packaging for their range of torches and hand-lanterns.

Full colour Vidor-branded packs featuring a Light Beam theme, have been used for the torches and lanterns across the range. Consumer information is improved with each pack carrying a cut-away illustration showing the number and type of batteries used, loading information, bulb type and replacement details. The Light Beam range comprises Super Beam torches in 3 sizes plus Angle Beam, Search Beam and Tilt Beam high power hand lanterns.

Two purpose-designed torch merchandisers have also been introduced and are supplied fully loaded and ready for shelf, counter-top or window display. One merchandiser is designed to display a selection from the three sizes of the Super Beam torch series, together with an additional 12 pocket torches. The loading of the unit is based on individual requirements. The second unit is designed for the Vidor Pathfinder torch series and is ready-loaded with 12 torches. *Crompton Parkinson Ltd, Woodlands House, The Avenue, Cliftonville, Northampton.*

## Winter blushes

Rimmel are adding new colours to blush one pressed powder this Winter.

The single powder palette which comes with a natural hair brush (£1.49) is now available in azalea silk, camellia silk and scarlet silk. New shades have also been added to the pressed rouge and translucent blush products. *Rimmel International Ltd, 17 Cavendish Square, London W1M 0HE.*

# Soothes children's coughs to sleep.

M & B  
**Tixylix**

For a peaceful night Tixylix gently soothes children's coughs to sleep. And whilst they are asleep, Tixylix is busy relieving other symptoms of colds like sore throats, runny and blocked up noses.



Further information is available from May & Baker Limited, Dagenham, Essex.



# THIS IS GOING TO BE THE £400 MILLION

## A BONA FIDE INVITATION FROM COLORAMA TO YOU

A senior Colorama representative will visit you in the near future and invite you to become one of our successful partners in processing.

Successful? Colorama's Fast Foto Service holds the Kodak Gold Award for consistent quality and service. We handle the major

part of the D & P market in London alone! We'll increase 'high street' awareness of your shop, under your name, by giving you the added support of our experienced marketing techniques, major advertising and promotions, in-store videos and new display material with a style and impact that cannot be missed.



IF YOU WOULD LIKE TO TAKE  
YOU CAN SPEED THINGS UP

**01-**

EVERYTHING

**COLC**

YOUR PARTNER

Colorama Processing Laboratories



# G TO SHAKE N D&P MARKET

## ISTS AND PHOTOSHOPS IN THE SOUTH EAST

Also provide discount structures, price lists, service guides, and a hot-line for on-spot enquiries. For your sales assistants there are staff training schemes to ensure that they provide a *knowledgeable* service and are further encouraged with the monthly Colorama Bonus Scheme.

Above all we have an unparalleled reputation for quality, service and distribution.

Our representative will explain the full advantages when he calls. It should be a worthwhile discussion and if it ends in a handshake – the results will ultimately shake your competitors!

THIS PROFITABLE PROGRAMME  
CALL TO KEITH CRIPPS ON  
**082**

CKS WITH

**RAMA**

PROCESSING

Lancaster Street, London SE1 0RP





# Hair Decorations and Hair Care Products

Celeste and Little Miss Muffet



**Take a firm STAND!  
Insist on the best...**



Contact your Sundries  
Wholesaler for full details  
of the Ravina Collection  
Ravina Ltd, Rooksley, Milton Keynes  
MK13 8PB  
Telephone (0908) 665577

## COUNTERPOINTS



### Non-cariogenic sweet goes national and gets poster push

John Welch are supporting newly packaged ToddliPops with a poster campaign. Introduced at the end of last year, the non-cariogenic sweets are now being made available nationally through chemists.

The lollipops are being promoted by 22,000 posters distributed to dentists' surgeries highlighting that ToddliPops are available only through chemists. "As initial response has been excellent, there is every reason to expect dentists will use ToddliPops in the fight against tooth decay on a continuing basis," says the company.

ToddliPops, which contain lycasin and come in a tangy-orange flavour, "look and taste exactly like a sugar-based lollipop," the company says. They retail at 10p each or 45p for a bag of five, and are available in cases of 4 x 20 bag boxes, each case costing £24 trade. The product is distributed by Pharmagen Ltd, Church Road, Perry Barr, Birmingham B42 2LD.

### Promotions on Shulton's leading brands

Shulton are currently running a series of price reductions across their leading brands, lasting for two months.

Old Spice moisturising aftershave lotion will be reduced from £3.25 to £2.99. The 125ml bottles are boxed and will be stickered to indicate the price reduction. Old Spice talc is down from £1.65 to £1.40. The 200g unbreakable bottles will carry a blue sticker to show the special offer.

Blue Stratos talc will be flashed with a 30p reduction — £1.85 to £1.55. The talcum powder is packaged in an unbreakable 100g bottle with flip lid. While Mandate splash-on-lotion is reduced from £4.35 to £3.45. The 125ml pack, will carry a card attached to the neck of the bottle to draw attention to the offer.

Both the cocoa butter and normal variant of Desert Flower hand and body lotion which was re-introduced early in 1985, are now available in a 500ml squeeze dispenser featuring an introductory offer of £1.75, a 20p saving on the rsp of £1.95. *Shulton (GB) Ltd, Shulton House, Alexandra Court, Wokingham, Berks RG11 2SN.*

Chemist & Druggist 19 October 1985



# Trio—now the complete decongestant range

**New!**  
**For coughs and congestion**



**First ever consumer advertising campaign**

# £600,000

**on National TV and Press**

*Stock up NOW*



## See campaign for champagne

A special showing of the Sinutab television commercial will give pharmacists the opportunity to view the campaign and to win a bottle of champagne.

The newly-created commercial will be shown nationally on Channel 4 on October 24 at 19.20.

A bottle of champagne will be given to the first 25 pharmacists who identify the number of times the Sinutab pack is shown on the screen.

Entrants are invited by the company to telephone 01-493 6770 between 7.30 and 8.00pm immediately following the preview showing with their answer.

The £1 million campaign will run in all regions on ITV and Channel 4 until March, 1986. *Warner-Lambert Health Care, Southampton Road, Eastleigh, Hants SO5 5RY.*

## The baby connection

A consumer promotion running this Winter will link Baby Wet Ones with Peaudouce disposable nappies.

Special packs of 75-wipe and 150-wipe Baby Wet Ones will carry a promotional tag providing details of the voucher offer and an application form. Consumers are required to collect tokens from labels on the promotional packs — either eight from

the 75-wipe size or four from the 150-size of Baby Wet Ones — and apply via the hang tag application form. They will receive their £1-worth of vouchers, comprising 2 x 25p off Baby Wet Ones and 2 x 25p off Peaudouce baby slips by return.

The offer, which is valid until March 31, 1986 will be advertised in mother and baby Press, and in-store via a range of POS material. Sterling Health claim a 40 per cent brand share and say they have withstood recent competition. *Sterling Health, Onslow Street, Guildford, Surrey GU1 4YS.*



York pharmacist, Barbara Hutchinson, struck lucky for the third time recently when she won first prize in a free draw competition to promote Sterling Health's Cymalon brand. Mrs Hutchinson (right), a partner in Hutchinson's Chemist, Bishopthorpe Road, York, already had two competition wins under her belt this year, when Sterling Health's area representative, Pauline Rowland (left) called in with news of yet another. This time the prize was £100-worth of shopping vouchers. *Sterling Health, 1 Onslow Street, Guildford, Surrey GU1 4YS*

# Put an end to dysmenorrhoea. Period.

More and more women will be coming to you for advice on period pains.

Not just the 31%\* of 18-34 year-olds who until recently might have consulted their doctors.

Women's attitudes are changing. Instead of grinning and bearing dysmenorrhoea they are beginning to question whether enduring the discomfort is necessary. More women are looking for a safe, effective pain-reliever.

SECLODIN, because it is Ibuprofen-based, is exactly what they're after.

Not only does SECLODIN relieve the stomach pains normally

associated with periods, because Ibuprofen acts as a general pain killer it also eases the headaches and backaches that often happen at the same time.

And, unlike other Ibuprofen pain-relievers, SECLODIN comes in capsules so taking them is easy too.

In October we're intensifying our heavy-weight advertising campaign in women's magazines.

As more than half the female population suffers from period pains at some time, and as SECLODIN is only available from pharmacists it looks as if our campaign will keep you very busy.



\*Survey of 100 Working Women commissioned by ICC.

Pain relief for today's woman.



# SULEO & DERBAC

## Comprehensive lice treatments to put their minds at rest ...

Headlice are *much* more than a worry to affected families. They are a source of embarrassment. People come to you for reassurance, advice and above all, a treatment that works as quickly as possible. Here are insecticides to meet your every need.



### Recommend Suleo for rapid action – 100% Kill in just 2 hours

With Suleo the whole family can be treated in an evening.



- **100% effective** Suleo eradicates lice and eggs
- **Combats Resistance** Malathion or stabilised Carbaryl for insecticidal rotation
- **Medicated Perfume** The whole range are acceptable treatments
- **Shampoo Version Available** When an alternative to lotions is required

## And Derbac, the pleasantly perfumed, water based alternative

New to the International Laboratories range, Derbac offers pleasantly perfumed treatments wherever compliance may be a problem

- Non-inflammable aqueous solutions
- Suitable for asthmatics
- Not contra-indicated for eczema or impetigo
- Ideal treatment for crab lice



## SULEO & DERBAC Effective treatment for head, body and crab lice



More guaranteed products from International Laboratories  
International Laboratories Ltd, Wilsom Road, Alton, Hampshire GU34 2TJ



# 3 NEW OPPORTUNITIES AND PROFITS

These are the very first products in a range of own brand "Family Care" medicines exclusively available to Numark members from November 1st.

Competitively priced, they give Numark customers really good value for money, whilst at the same time offering Numark members better profits than on the branded equivalents.

They provide members with additional opportunities to build a larger, more loyal, customer base at a time when the limited list is active.

## NUMARK EXPECTORANT COUGH RELIEF

- Modern formulation, with each 5ml containing, in addition to the flavoured base: Diphenhydramine Hydrochloride B.P. 14mg. Ammonium Chloride Ph. Eur. 100mg. Sodium Citrate B.P. 44mg.
- Large size – 150ml bottle.
- Member pack of 12.
- Buying price per pack, excl. VAT £7.50.
- R.S.P. per unit, inc. VAT £1.25.



For further information contact your local Numark Wholesaler or Numark C

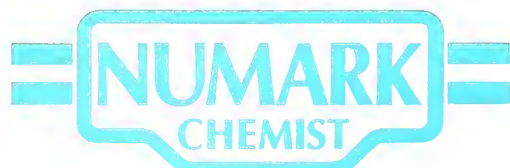


# IES FOR A HEALTHY BLE BUSINESS.

encouraging more people to make greater use of their community pharmacy.

The new Numark medicines will be included in Numark's November national promotion, and will be supported by excellent in store merchandising material designed to stimulate purchase.

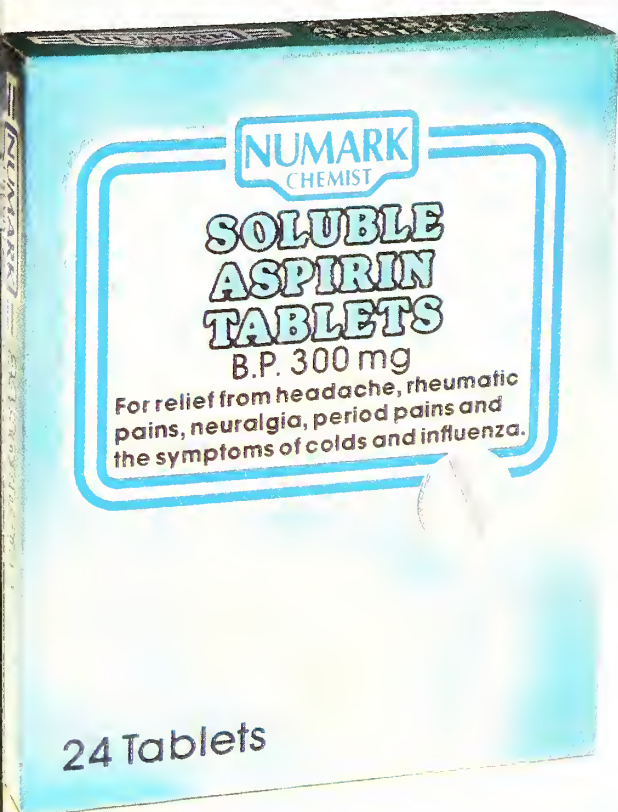
So the prospects for Numark members are looking extremely healthy indeed.



*Makes you money*

## NUMARK SOLUBLE ASPIRIN TABLETS

- Blister pack of 24 tablets.
- Member pack of 12.
- Buying price per pack, excl. VAT £2.29.
- R.S.P. per unit, inc. VAT 35p.



## NUMARK PARACETAMOL TABLETS

- Blister pack of 24 tablets.
- Member pack of 12.
- Buying price per pack, excl. VAT £2.43.
- R.S.P. per unit, inc. VAT 37p.





## Kaolin poultice — minus the tin

K/L Pharmaceuticals are marketing kaolin poultice BP in a modern presentation — 100g of poultice in a foil backed pouch, which can be heated in boiling water and ready to apply in one minute. This method of applying a kaolin poultice is now accepted as standard practice in the majority of UK teaching hospitals, says the company.

It is now available for OTC sale and can be prescribed by a doctor, who writes K/L kaolin poultice BP pouches 100g pack (4 x 100g £3.15 trade) and the number required.

K/L also offer kaolin poultice in a white polypropylene jar, with a screw top lid (200g, £1.13). The jar is placed in boiling water, and this heats the kaolin without the container becoming so hot that the person handling it runs the danger of burning their fingers. *K/L Pharmaceutical Ltd, 25 Macadam Place, South Newmoor Industrial Estate, Irvine, Ayrshire.*

## Robins update Sebamed

The Sebamed cleansing range is being given a new look by A.H. Robins. The new packaging is designed to incorporate the advertising theme "for beautifully healthy skin" — featured on television and in the women's Press.

The company has also reduced copy to create a "less medicinal" appearance. "In the past consumer interest has been generated by the advertising, but interest has waned on confrontation with the packaging" say, *A.H. Robins Co Ltd, Langhurst, Horsham, West Sussex.*



Paines and Byrne have repackaged Dalavit drops and appointed Pharmagen as distributors for the product. The new duo-pack, retailing at £1.68, contains two 15ml bottles with built in droppers (£1.02 trade). The launch is being supported by a 12 as 10 offer running until the end of the month, say distributors *Pharmagen Ltd, Church Road, Perry Barr, Birmingham B42 2LD*

## Vantage offers in November

The following products will be featured in Vantage offers during November: Colgate, Cream Silk conditioner, Fashion Style perms, Head & Shoulders, Johnson & Johnson baby powder, Panty Pads, Poly Hi-lights, Supersoft, Gillette Blue II, Loving Care, Silkience shampoo, Soft & Gentle.

A national television campaign running throughout November for Vantage products will coincide with half page coverage in the *TV Times*. *Vestric Ltd, West Lane, Runcorn, Cheshire.*

## Sweet leaflet

A colour leaflet has been introduced by Hoechst UK, giving information on their sweetener Sunett.

The leaflet — called "Sunett — pure sweetness" — is free, and available on request to the company, or to manufacturers who use Sunett in their products. *Hoechst UK Ltd, Hoechst House, Salisbury Road, Hounslow.*

## Triple-city Anodesyn

A three city holiday for two — in Paris, Amsterdam and London — is the first prize offered in the "triple world game" competition, part of a major Autumn promotion for Crookes Anodesyn. Thirty runners-up will win £5 vouchers.

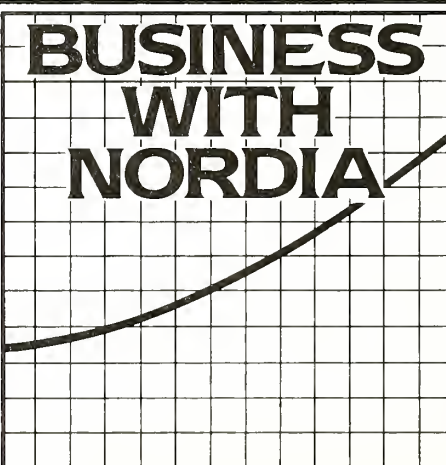
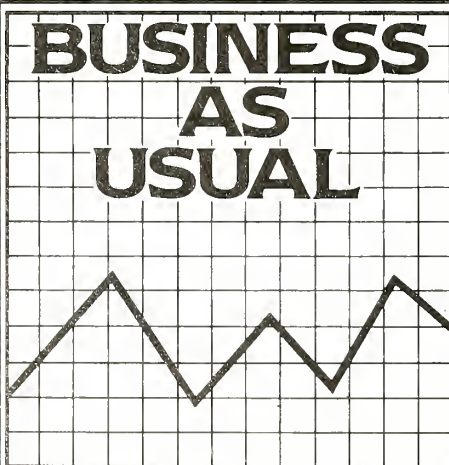
The competition, which involves a humorous caption, is designed to reinforce the brand's message that Anodesyn contains three active ingredients designed to relieve pain, reduce swelling and promote the healing of haemorrhoids. Entry forms and information leaflets are being distributed to all counter staff in pharmacy outlets displaying the Anodesyn showcard over the next two months. The closing date is January 31 1986. *Crookes Products Ltd, 1 Thane Road West, Nottingham NG2 3AA.*

## Singing advert for Strepsils

A new television campaign for Strepsils, the first for two years, breaks at the beginning of November with a spend of £1m.

The copy line "Strepsils — solid medicine for sore throats" develops last year's, "Medicine for sore throats" message, which saw the brand increase by 18 per cent volume share in the coughs and colds, pastille and lozenges market.

The new advertising features a Welsh choir practice. The campaign runs in all regions to the end of February, with an 80 per cent coverage of television homes and 6.9 target frequency, say *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.*



Using Mason Nordia's expertise really can help to smooth out the ups and downs of retailing. Careful planning and design by our consultants improves your sales area, making displays more attractive and effective. Some retailers have told us of an over 20% increase in business. Why not contact us for your free copy of our brochure all about Mason Nordia shopfittings. We'd be glad to help you do the business.

## NORDIA

Mason Nordia Ltd., Nordia House, Seacroft Industrial Estate, Coal Road, LEEDS, LS14 2AW.  
Tel: (0532) 734721 (10 Lines) Telex: 55379



**Celebrating  
35 years  
of head lice control**

**They put their heads together...**

**CARYLDERM**  
**CARYLDERM**  
**LOTION**

the family treatment kit  
for the elimination  
of head lice  
in two hours

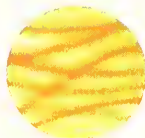


**free comb**

110 ml

**CARYLDERM**

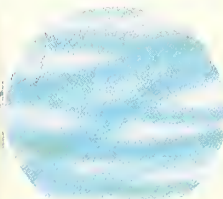
the family treatment kit  
for the elimination  
of head lice in two hours



110 ml

**PRIODERM**  
**LOTION**

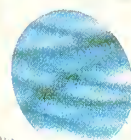
the family treatment kit  
for the elimination  
of head lice  
in two hours



**with free comb**

110 ml

**PRIODERM**



110 ml

**... so we did, too.**

Modern thinking on family head lice control demands immediate, thorough treatment for all, even if only one head is infested.

It's the only way to be certain that infestation and reinfestation through day-to-day head contact is eliminated from the family group.

To help you bring home the point to your customers we've introduced new PRIODERM and CARYLDERM FAMILY TREATMENT KITS with stylish new pack designs for maximum visibility.

Each contains 110ml of 2-hour kill lotion, a nit comb for effective treatment and diagnosis, plus detailed advice and instructions for use.

Family treatment kits are a brand new approach to the problem of head lice, and an excellent opportunity for you to increase sales in this area.

So contact us now for your FREE merchandising starter pack, including a colourful and informative new educational leaflet for your counter.

**PRIODERM®**

LOTION, SHAMPOO AND FAMILY  
TREATMENT KIT

**CARYLDERM®**

LOTION, SHAMPOO AND FAMILY  
TREATMENT KIT



Further information is available from:  
Napp Laboratories, The Science Park, Cambridge CB4 4BH Member of the Napp Pharmaceutical Group

® Prioderm and Carylderm are registered trade marks © Napp Laboratories Limited 1985

Prioderm Lotion and Shampoo contain Malathion. Carylderm Lotion and Shampoo contain Carbaryl.



## Somatonorm injection

**Manufacturer** Kabivitrut Ltd, Kabivitrut House, Riverside Way, Uxbridge, Middx UB8 2YF

**Description** Vial of sterile, lyophilised powder of somatrem corresponding to 4iu of human somatotropin, also containing aminoacetic acid and sodium phosphate stabilisers, supplied with a 2ml ampoule of water for injections for reconstitution.

Drug gently dissolved with slow swirling motions. Vigorous shaking may denature active ingredients

**Uses** Generally 0.5iu per kg of body weight per week, divided into two or three intramuscular injections

**Contraindications** Diabetes mellitus

**Side effects** Recipients may develop antibodies to growth hormone and *E. coli* protein. Only in very rare instances has growth retardation occurred

**Packs** One vial of somatrem 4iu and one vial ampoule of 2ml water for injections (£28 trade)

**Supply restrictions** Prescription only  
**Issued** October 1985

## Evans join the warfarin club

Evans Medical are introducing warfarin tablets BP 1mg, 3mg and 5mg. Each is packed in Securitainers of 100 and 500.

The 1mg tablets are brown (100 £0.55, 500 £2.20), the 3mg blue (100 £0.68, 500 £2.49) and the 5mg pink (100 £1.08, 500 £4.01). All are marked "Evans" on one side and the tablet code (1mg 299, 3mg 301, 5mg 302) and strength on the other. Special promotional prices apply from October 21. *Evans Medical Ltd, 318 High Street North, Dunstable, Beds LU6 1BE.*

## Uri-Drain now in new sizes

Chesebrough Pond's Uri-Drain one piece catheters are now available in medium size — code 5-7320 — and paediatric size — code 5-7330 (both 12, £9.80 trade). Distributors Cory Bros have applied to the Department of Health for prescription listing.

From November 1 the Uri-Drain catheter code 5-7321, the take home pack with the two-sided adhesive strap, will have the new code number 5-7368. *Cory Bros (Hospital Contracts) Co Ltd, 4 Dollis Park, London N3 1HG.*

## Keflex-C tablets

Lilly are introducing a chewable cephalixin tablet — Keflex-C — in two strengths, 125mg (15, £1.82 trade) and 250mg (15, £3.64). Both are pillow shaped, pale yellow tablets; the 125mg are coded "Lilly 4090," and the 250mg "Lilly 4091."

All prescribing information is as for Keflex tablets. *Eli Lilly & Co Ltd, Kingsclere Road, Basingstoke, Hants.*

## BRIEFS

**Pondocillin suspension** is now available in sachets (10, £1.98) in addition to the current bottles. Each unit-dose sachet contains 162mg Pondocillin (pivampicillin) — equivalent to 5ml suspension — as white granules, which when mixed with a little water give a banana-flavoured suspension. *Edwin Burgess Ltd, Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9RR.*

**Dynese mint suspension (magaldrate suspension):** Galen are introducing a mint version of their Dynese suspension (500ml £4.96 trade) in recognition of the preference for mint antacids. Both Dynese and Dynese mint suspension will be promoted to satisfy NHS prescriptions for magaldrate suspension 800mg in 5ml, say *Galen Ltd, Seagoe Industrial Estate, Craigavon, Northern Ireland.*

**Cyclokapron tablets change shape:** The new tablet still contains tranexamic acid BP 500mg, is white, film-coated, oblong, scored on one side, and engraved CY with an arc above and below the lettering on the opposite side. The pack size and price are unchanged. *Kabivitrut Ltd, Riverside Way, Uxbridge, Middx.*

**Amoxycillin special offer:** Generic amoxycillin capsules are offered at introductory prices of £12.95 per 100 for 250mg caps and £25.95 per 100 for 500mg caps. *Garland Pharmaceutical Ltd, 43 Eastgate Street, Stafford.*

**Gelusil suspension** is now available in a 500ml pack (£2.40 trade). The new bottle is plastic with a tamper-evident screw cap. It is now labelled as a Parke-Davis market product. *Parke-Davis Research Laboratories, Mitchell House, Southampton Road, Eastleigh, Hants.*

**Baxan suspension** is now presented in a 60ml bottle (£4.53 trade) instead of 100ml. *Bristol-Myers Pharmaceuticals, Station Road, Langley, Slough.*

## NEWS FROM GERMANY



## Know thyself

German pharmacists are being urged to take a long, hard look at their pharmacy's image and strategy in a series of marketing quizzes designed to improve business.

The questions they should ask themselves include estimating the size and composition of the population in their catchment area, the accessibility of the premises to pedestrians, public transport users and car owners, the number of surgeries in the vicinity, local competition from other pharmacies, drugstores and supermarkets and the proximity of other shops and public buildings. Ways are suggested of making possible improvements such as campaigning for a more suitably sited zebra crossing, bus-stop or car park, or even moving to another site if the problems are really insuperable!

The pharmacist is also urged to analyse the strengths and weaknesses of his shop in terms of layout, immediate impression gained by the customer, stock control and standard of display, services offered and pricing policy etc and then to compare these with his competitors.



## Sweet revenge

In an out-of-court settlement, the baby food company Milupa has paid around £10,000 to the parents of a 5-year-old boy who allegedly developed tooth decay from drinking one of the firm's children's herbal teas.

During the case, several other companies were criticised for advertising such products as harmless sedatives for day-time or night-time use, when they should be reserved for medical indications. The lawyer for the parents said that he viewed the result as a precedent for the many other cases he had been asked to represent.

*Chemist & Druggist 19 October 1985*



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# AIDS

## -A Guide To Pharmacists

**Hardly a day passes without a newspaper story on AIDS. As the epidemic spreads, pharmacists are likely to become increasingly involved in advising the public. This article looks at what is known about the disease and prospects for its treatment.**

The acquired immune deficiency syndrome is a partial breakdown in the body's natural defences which leaves the victim susceptible to some rare tumours and infections.

The cause is a virus, first reported in France and termed LAV (lymphadenopathy associated virus). A similar, probably identical, virus was isolated in Maryland and called HTLV III (human T-cell lymphotropic virus type III).

The virus seems to kill or damage a subgroup of T lymphocytes known as helper T cells. This selective destruction of specific cells in the immune system explains why certain rare infections and tumours cause problems in AIDS sufferers while other more common infections are only a little worse than usual. AIDS sufferers, for example, are no more likely to catch colds or flu than anyone else.

The virus also likes to live in brain cells and it has been found that 50 per cent of AIDS patients develop dementia or other neurological disease.

The virus can be passed on during sex or by contact with blood that is already infected. It can also be transferred from mother to baby during pregnancy, at birth or possibly through breast milk, but the exact mechanism is not known. It is not transmitted by touch or by sharing the same

eating, washing or toilet facilities, nor is there any firm evidence that the virus is passed on in saliva.

Says Dr William Harris, consultant venereologist, St Mary's Hospital, London: "The virus has been isolated from saliva but no-one is convinced that it is transmitted by 'dry' kissing. If large quantities of saliva are exchanged there is a theoretical possibility that the virus might be passed on in this way. However, common sense dictates that if kissing was a major method of transfer we would expect far more people to have the virus and we would expect a higher incidence of HTLV III antibody positive individuals in stable relationships."

The first case of AIDS in the UK was reported in 1981. By the end of last August 206 cases had been confirmed of whom 114 had died. Over 90 per cent of cases have been in homosexual and bisexual men, but Dr Harris believes that the disease could move into the heterosexual community within the next three years, if trends in the USA are anything to go by. In several central African countries the disease seems to be spread mainly by heterosexual contact.

Haemophiliacs are the second largest group at risk. Infection with the virus has occurred as a result of treatment with Factor VIII but the heat-treated product now

available should eliminate that risk.

Intravenous drug abusers sharing needles and syringes have been a significant group of AIDS sufferers in the USA but less so in the UK. Sexual partners of these high risk groups are also at risk themselves.

### Symptoms

A variety of symptoms are associated with AIDS and pre-AIDS conditions.

HTLV III infection can cause persistent generalised lymphadenopathy, a fairly minor illness in which the lymph glands in the neck and armpits are swollen for at least three months. Most people are otherwise healthy although some may have unexplained weight loss of more than 10lbs in two months or fever and night sweats lasting for several weeks. Patients with lymphadenopathy alone seem to have a good prognosis and few progress to fully developed AIDS.

AIDS related complex (ARC) is a broad term describing the condition of patients who are HTLV III antibody positive and who have minor illnesses which fall short of fully developed AIDS. Examples are persistent fevers, night sweats and weight loss, often accompanied by unusually severe shingles and herpes, both genital herpes and cold sores. Some of these people will progress to AIDS but so far most have not.

Other symptoms of these prodromal conditions are diarrhoea which lasts for more than a week with no apparent cause, profound fatigue lasting for many weeks with no obvious cause and thrush, appearing as a white painful coating in the mouth or throat.

Many of these symptoms occur in common illnesses which are readily treated. It is only if many appear together and last for a long time that AIDS or HTLV III related conditions might be the cause.

AIDS patients frequently fall victim to chest infection. The organisms usually involved are *Pneumocystis carinii* and *cytomegalovirus*. Symptoms include shortness of breath and a persistent dry cough.

About one quarter of AIDS patients develop Kaposi's sarcoma, a rare cancer first described in 1872 by a Hungarian dermatologist Dr Moriz Kaposi. The condition usually affects the skin or inside of the mouth, although it also occurs in the lymph nodes or gastro-intestinal tract. It appears as pink to purple blotches, hard in texture, like a bruise or blood blister and getting bigger. The lesions are not painful or itchy and may go unnoticed, but patients sometimes develop other symptoms such as fever, weight loss or lack of appetite.

### Screening tests

Health authorities are making arrangements for blood samples to be taken in STD clinics and elsewhere so that people who are

### Targets in the drive to defeat Aids

**Human trials set for Wellcome addition to AIDS armoury**

**BLARNEY STONE IN AIDS SCARE**

**Rock Hudson loses battle against AIDS**



worried that they may have been exposed to the virus can have their blood tested in strict confidence.

The test detects the presence of antibodies to HTLV III virus. It indicates that a person has been infected with the virus at some time but gives no clue as to whether the virus is still present, whether it has been destroyed by the body or whether the person will develop AIDS. While people infected with the virus can be free from symptoms for many years, it is believed that they are as infectious as people with fully developed AIDS.

The virus has been isolated occasionally from individuals who were antibody negative, so a negative test does not necessarily mean that a person is non-infectious. Some people will be unable to produce antibodies because the infection has rendered them immune deficient. The test might also have been done at a viraemic stage prior to antibody production.

Studies have suggested that over a two-year period, about 2-10 per cent of antibody positive people will develop AIDS, about 30 per cent will develop minor AIDS-related illnesses while the rest will stay healthy. Haemophiliacs seem to develop the

## Pupils with Aids virus 'not a risk'

The Government reassured the public yesterday that having children whose blood contains the HTLV virus is not a risk.

## Education drive to stop spread of Aids

Health ministers are preparing a public education programme to try to prevent the spread of acquired immune deficiency syndrome (Aids) and to calm public fears.

Latest figures show that by the end of July there had been 196 cases of Aids diagnosed in Britain and 114 deaths.

At the British Association for the Advancement of Science

## SECOND AIDS TIMEBOMB

Daily Telegraph Reporter

PEOPLE who catch Aids virus but do not develop its symptoms may in later years succumb to another fatal aspect of the disease, according to a leading British authority. Victims of the full-blown Aids syndrome, because the

disease less frequently, maybe because the virus in their blood product was inactivated but still able to stimulate antibody production.

The incubation period is unknown. Estimates have ranged from one to five years or even longer.

The risk of contracting AIDS from a blood transfusion is already extremely small, but the introduction this week of routine screening of all blood donations should reduce this risk still further.

## Treatment

There have been many advances in the understanding and treatment of AIDS over the past three years. AIDS is by no means a mystery disease and those investigating it are not in a position of ignorance, according to Dr Tony Pinching, consultant immunologist, St Mary's Hospital, London.

Although there is yet no proven way of correcting the underlying immune deficiency, there are many treatments of established benefit against the secondary infections and tumours. These treatments are highly effective if given early enough when the immune system is still reasonably intact.

The prognosis is very much determined by the severity of secondary infections and patients are more likely to die from these infections than from tumours. The mortality of AIDS patients after two years has been 75-80 per cent. Some patients with mild Kaposi's sarcoma have survived for six years and the first patient to have contracted the disease in the UK is still alive.

The ultimate prognosis for the less severe AIDS related conditions is not yet established. Most patients remain healthy

*continued on p717*

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Continued from p715

and have not developed the full disease.

At present, the secondary infections are tackled with conventional remedies given in higher doses and for longer periods than usual, followed by maintenance treatment to keep the patient in remission. For example, cotrimoxazole is used against *Pneumocystis carinii*, a combination of sulphonamides and pyrimethamine for toxoplasmosis, ketoconazole for thrush and acyclovir for herpes.

Aggressive treatment with anti-tumour agents can damage the blood cells leaving the patient more susceptible to life-threatening infections. For this reason Kaposi's sarcoma is sometimes left untreated or treated with small doses of localised radiotherapy or with drugs that cause the least immunosuppression.

One important aspect of treatment, says Dr Pinching, is to maintain adequate nutrition. Malnutrition can adversely affect the immune system so patients should be encouraged to eat a well balanced diet with a high protein and calorie intake that helps them to regain lost weight.

## Research approaches

Research into the treatment of AIDS is taking three main approaches. The first is to restore the immune system by replacing the damaged cells, the second is to replace the vital chemicals that the damaged cells make and the third is the development of antiviral compounds.

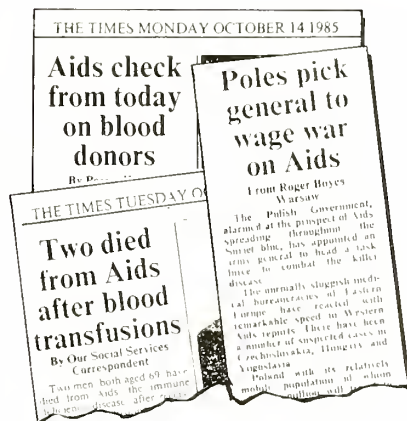
Bone marrow transplants have met with little success. Although the new cells graft adequately, they later become damaged by the HTLV III virus still present in the body. There is therefore a need for antiviral drugs first to kill off the remaining virus.

Another approach aims at replacing the major products of the T helper cells, including interleukin-2, gamma-interferon and other compounds which are important in regulating the immune system and in destroying the organisms responsible for secondary infections.

"A number of these substances are being tried and, although we don't have the complete answer, there are several indications that we are on the right track," says Dr Pinching.

Recombinant alpha-2 interferon, such as Schering-Plough's Intron-A, is already licensed in some countries for the treatment of Kaposi's sarcoma. Dr Pinching believes gamma interferon is likely to be more significant in correcting the underlying immune deficiency because it is the major compound responsible for activating the macrophages to destroy pathogenic organisms.

"A more logical approach may be to provide the body with cocktails of all the



compounds produced by T helper cells," he says.

A number of drugs active against the HTLV III virus are at various stages of trial throughout the world. Most are new compounds which inhibit the reverse transcriptase enzyme essential for the replication of retroviruses. In principle, antiviral compounds are best given at an early stage of the disease and may need to be continued for life. The disadvantage of most of the antivirals under test is their high toxicity which is likely to limit clinical trials to those patients with severe disease whose immune systems are already extensively damaged. But, while unlikely to prove "miracle drugs", those antivirals could act as prototypes on which other safer compounds could be modelled.

Dr Pinching believes there is a need for antivirals in treating the encephalopathy which occurs in some patients who have

been infected with HTLV III virus but who are not necessarily immune deficient. This condition may occur in a much wider group of people than those who develop full-blown AIDS.

A multi-centre trial of inosine pranobex (Immunovir) is in progress in patients with AIDS-related conditions who have contracted the virus but not developed the full disease. The drug boosts the immune system of patients with virus diseases and may also have antiviral properties, but its exact action is unknown.

In Dr Pinching's view, the strategy likely to have the most impact in the near future is the development of improved treatments for the secondary infections. New drugs are becoming available for some conditions which were previously difficult to treat, for example, drugs active against the cytomegalovirus are showing considerable promise.

Development of a vaccine, however, is a long way off — at least five years — because of the many difficulties involved. It is not known exactly how the body protects itself against the AIDS virus and the strains are variable so a vaccine against one strain may not work against another. There is unlikely to be a rush of volunteers willing to take part in trials on live attenuated vaccines or even whole killed vaccines so sub-unit vaccines will have to be developed using genetic engineering techniques to isolate only that part of the virus responsible for conferring immunity, which is again unknown. Another problem will be deciding who to vaccinate.

Meanwhile, preventive measures should concentrate on educating those at risk of spreading the disease, Dr Pinching believes.

## ADVICE TO THOSE AT RISK

In the absence of vaccines, the Department of Health is concentrating on education and counselling to reduce the spread of the disease.

In its general guidance to doctors, the Department advises that at-risk groups and people who are HTLV III antibody positive should not donate blood, semen or other body tissues and should not carry or sign organ donor cards.

Earpiercing and electrolysis equipment, tattooing and acupuncture needles, razors, toothbrushes and other implements which could become contaminated with blood are all at risk and should not be shared.

People who are antibody positive should tell their doctors and dentists so that appropriate precautions can be taken during surgical and dental procedures.

The guidelines add that the efficacy of condoms in preventing infection with the

AIDS virus is not proven but their consistent use probably reduces transmission and is therefore recommended.

The Terence Higgins Trust runs an AIDS information line on 01-278 8745 from 7-10pm Mondays to Fridays and offers counselling for sufferers and their relatives (BM/AIDS, London WC1 3XX). The Trust also supplies leaflets to homosexual men advising them which practices carry the greatest risk and warning that the more partners they have, the higher the chances of catching the virus.

Support is also available through the Haemophilia Society, PO Box 9, 16 Trinity Street, London SE1 1DE, and leaflets can be obtained through STD clinics and from the Health Education Council, 78 New Oxford Street, London WC1A 1AH.

There is advice on AIDS in a new Family Doctor booklet on "Infectious diseases" by Dr Melvyn Ramsay.



## Question and answer for 'Macs'

Keith Jenkins' original letter (*C&D*, September 7) posed many questions: I endeavoured to reply to those which appeared directed at this company.

In practice my response proved superfluous, as it would seem from his further letter of October 5 that already he knew the answers: I wonder whether there was any point in his posing the questions in the first place.

It is, however, questionable whether his answers relate to his own questions — his original letter asked to what extent surplus profits from NHS dispensing were returned to non-pharmacist shareholders. This question followed criticism of Macarthy's and thus could be assumed to relate to Macarthy's surplus profits from NHS business being returned to their shareholders — it had nothing to do with profits made by dispensing doctors, who do not, in any case, have any shareholders. I merely pointed out that Savory & Moore, like all other community pharmacies, did not make surplus profits from their dispensing services.

Secondly, I have the gravest doubts on the practical economics of the supply of drugs to the dispensing doctor by the community pharmacist, but I am more than willing to be convinced if Mr Jenkins can provide a financial profile of such an arrangement.

May I emphasise that my final paragraph was not intended as a witticism, though I am naturally flattered that it should have been taken as such. I was trying to explain that one's personal prejudices should never be allowed to colour one's attitude towards professional and business responsibilities.

**A.R. Ritchie**

*Non-executive director, Macarthy's.*

## Woolf in sheep's clothing?

When creating a perspective it is necessary to draw the whole picture and, while I am sure it has not affected his judgment (Mr Woolf being an honourable man), it would surely have been reasonable for us to know that shortly after his letter appeared Underwoods would be going public. The issue price of their shares cannot help but be affected by the inhibitions imposed on their future pharmaceutical expansion by the proposed new contract.

As for not being "formally consulted", all Local Pharmaceutical Committees were consulted and voted, via their representatives, by an overwhelming majority in favour of the contract. So did the representatives of the company chemists — initially. Does he really expect to be consulted personally when he has elected representatives through whom he can make his views known. Does he expect his MP to consult him before each major vote in the House of Commons.

As for the costs of the bureaucracy which would have been created, it is nothing when compared with the extra costs that will be involved with the hundreds of extra pharmacists that will now be dispensing the same number of prescriptions as before.

**R.A. Radcliffe**

*Coventry*

## A BPA reposte

In your editorial in last week's issue you said that your postbag reflected reaction in the profession to the loss of the new contract. If the letters published represent the balance of views expressed, as we are sure they do, we see no indication of any torrent of opinion against the contract's demise. Of the seven letters printed on the topic three express pleasure that the contract had been abandoned, while four take the opposite view. [Our count is: Letters to Editor, 6-2 in favour, and letters to Ministers etc (p651) 3-1 for]. While there is no doubt of the bitter disappointment of these latter four correspondents, we would point out that they are hardly the so-called "silent majority," since all have written to the pharmaceutical Press in the last three months (some several times) supporting the contract and denigrating the BPA's opposition to it.

The scant adverse reaction to the Ministers decision provoked, especially considering the weight of opinion expressed against the contract in your correspondence columns before its abandonment, would seem to confirm the view of the British Pharmacists Association that there was very little enthusiasm for it in the first place.

While we would expect that a few people might be bitter about the loss of the contract, we are a little surprised at the paranoid tone of some of your correspondents.

The campaign we have conducted is quite legitimate and fair in the free, open and democratic society that (thankfully) we live in. Would these correspondents like to see our views suppressed just because we happen to disagree with theirs? If that is the kind of representation

in pharmacy that they advocate, then we are convinced even more that the action we took in starting organised opposition, and now establishing a permanent united association for pharmacists, was right.

**Alan Nathan, Meir Kattan**

*Chairman, secretary BPA.*

## Angst from the Isle of Man

I have read the genuinely concerned letters (*C&D* October 12) and feel some require a reply. Some correspondents are questioning the motives of the small contractors the British Pharmacists Association has been representing.

We don't have finance from any other source than individual pharmacies. No large organisation is involved. It is appreciated many were shocked at the news. In the Isle of Man my colleagues were just as horrified on May 25 — the date the proposals for the new NHS contract were published — as this piece of legislation could have closed half of them down if it had been introduced on the island. Personally, I would not have been affected, but I like to think I have a sense of responsibility to my colleagues. So one way, or another, most of us have had severe shocks in the last few months because of this divisive measure.

Furthermore, I know the suggested anti-leapfrogging guidelines would not have any deterrent to leapfroggers with big muscle. I have considerable experience of the problem, as I was one of the principals responsible, in 1978, in getting anti-leapfrogging legislation on the statute books of the Isle of Man. Despite this we have not stopped leapfrogging. If I know, why did the PSNC not know? The contract is entirely responsible for the present influx of leapfroggers. Are not the interests attached to the PSNC responsible? The BPA by contrast, only represents individual pharmacies like the Society.

That some should be putting the blame for this present mess on the BPA stuns me. Nearly all of our members have been worried sick by these proposals. The PSNC's contract would have put most of them out of business.

As secretary of an LPC who desperately wanted the contract stopped, I am involved with BPA for no other reason than to provide whatever help I can to those unfortunates. Incidentally, some time ago I did offer to resign as LPC secretary in case there was a conflict of interest. My colleagues turned my suggestion down flat. Manx pharmacists are now delighted and relieved that this contract is dead. I

*Chemist & Druggist 19 October 1985*



hope the PSNC gets the message as they still appear to be intent on reviving it.

To Mr Dudley (last week) I say that I do not need a short sharp course of chlorpromazine. Perhaps he could acquire a sense of humour.

**Charles Flynn**

*Acting joint honorary general secretary,  
BPA (UK) Ltd*

## Beyond our Ken

**Scene:** Executive offices, DHSS

**Time:** Monday morning, September 30

**Barney:** "Good morning Norman."

**Norman (testily):** "What is it lad?"

**Barney:** "I've thought of an excuse whereby we can get out of paying compensation to those chemists, and just let them fade away."

**Norman:** (listening and visibly brightening)

"Hey ho, Barney — will I tell him or will you."

**J.S. Affleck**

*Clay Cross, Derbyshire*

## Nuvan Top out with Vetchem

Nuvan Top, an ectoparasiticide for use in small animals, is being made available to pharmacies through Vetchem, the organisation of eight pharmacist Ag & Vet distributors.

Ciba Geigy Agrochemicals have a wide distribution of the product through vets, but are anxious to get supplies available in pharmacies, says Vetchem's Brian Spencer.

Anyone interested in the product, or the animal health starter pack available from Vetchem members, can obtain further information from Mr Spencer, Common Lane, Fradley, Lichfield, Staffs WS13 8LA (tel: 05432 22882).

## CPP to Nuffield

The College of Pharmacy Practice has been invited to attend a further session and give oral evidence to the Nuffield Inquiry. The Board of Management understands that the report of the Inquiry is now being drafted.

**Examinations:** Fifteen student members had entered for the Part I examination; with increasing activity by regional tutors and self-help study groups, the Board anticipated increased entries in future years.

**Research fellow:** The College will soon

be advertising for a research fellow within the Pharmacy Practice Group at the Aston University Department of Pharmacy. The Board recorded its gratitude for support from the University of Aston, the West Midlands Regional Health Authority, the National Pharmaceutical Association and Merrill Dow.

**R&D database:** Further consideration has been given to a research and development database to be stored on a College micro-computer, to be published at six monthly intervals. An advertisement will soon appear requesting the required information.

# A helping hand in asthma... Haleraid

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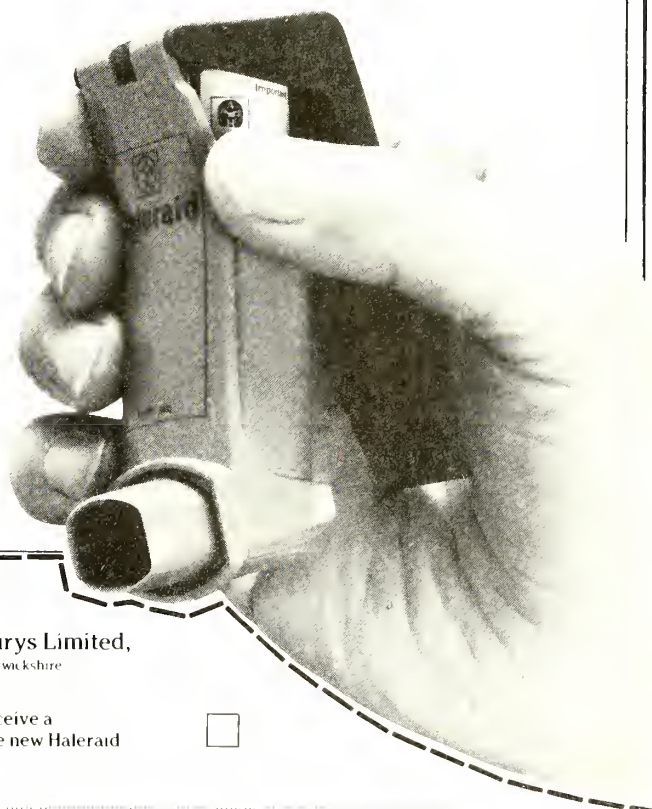
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## Contract problems need not affect RDC work

**The work of the Rural Dispensing Committee need not be affected by the problems with the new contract, says Sir Alan Marre, its chairman.**

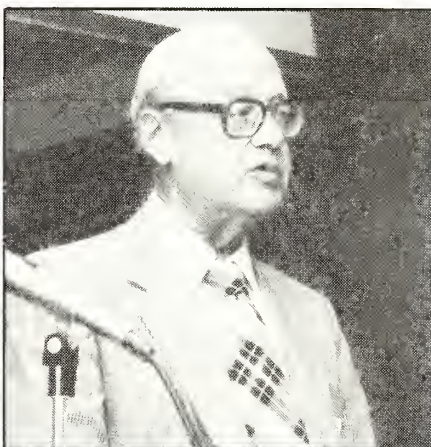
"The Department have pointed out to me that the Regulations under which the RDC operate were made under powers specifically taken for that purpose. The Regulations were laid before Parliament in 1983 and they have never been challenged," he told the Welsh Conference of the Pharmaceutical Society. "Should it be challenged there will be a legal defence and I hope the courts would be as convinced as the Department is that the RDC could and should carry on."

In his address Sir Alan said the RDC's work should be put into context. The number of patients in England and Wales on doctors' dispensing lists at the latest count — on October 1, 1984 — was around three and a quarter million — about six and a quarter per cent of the total number of NHS patients; and the total number of dispensing doctors was fewer than 3,250, only one in eight of the total number of NHS doctors. And, on average, just over 50 per cent of the patients of those doctors who do not undertake dispensing in controlled areas were dispensing patients.

The purpose of the special arrangements made for pharmaceutical services has always been to make the most suitable and sensible provision, not for the doctors, not for the pharmacists, but for NHS patients in these areas according to local needs and circumstances, he said. Neither doctors nor pharmacists had been happy with the situation that existed before

the National Joint Committee was set up 10 years ago this month, under the chairmanship of Sir Cecil Clothier, to find a solution.

Two years later, in November 1977, the Committee made its proposals, but several more years of hard discussion between the professions were needed before final



Sir Alan Marre

agreement was reached, and this formed the basis of the amending Regulations which brought the RDC into being in April 1983.

From the outset the Committee resolved to act with absolute impartiality and in the interests of patients. Naturally enough — given their different backgrounds and interests — the initial reactions of the two groups of professional members to an application or appeal that comes before us is sometimes different, but I have been impressed by the determination with which all members set

out to consider all the relevant facts and submissions before we arrive at a decision which we all then accept as the verdict of the Committee, he said.

The Committee has concluded that there is no simple or readily available definition for "rurality" to cater for the many different types of area to be found in England and Wales. And, the more of these cases we see, the more we are convinced that there can be no simple definition, he added.

"In our First Annual Report we did identify a number of factors which should be taken into account. For example, the size of the community, distance between settlements, spread and frequency of public transport and the range of local services provided. A high level of local employment in agriculture was not necessarily conclusive evidence of rurality. On the other hand we also said that a small market town serving a predominantly rural area was not necessarily to be excluded from a rural area."

It was possible that in similar circumstances different judgments may be reached by different FPCs, with whom rests the initial responsibility for determining the rurality of an area. But Sir Alan pointed out that on only five occasions has the RDC reversed the local decision in whole or in part on appeal.

It was for FPCs to decide how best to deal with rurality determinations and each approach had its merits and demerits. Revising a classification due to a medicinal or pharmaceutical application is less demanding on everyone, but there is a risk of delay before applications can be dealt with. A blanket decision on a whole area enables applications to be sent to the RDC without the need for separate consideration of individual localities on the occasion of each application. But this may be a major task and make very heavy

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demands upon the time and resources both of the FPC and the local professional committees as well as the RDC.

He said the RDC had been surprised to find that some FPCs, when considering whether an area is or is not rural in character, leave out that part within one mile of a pharmacy, treating it as being urban automatically. Clearly part of an area does not automatically become urban just because it is within a specified distance from a pharmacy, and it would be a surprising coincidence if it did. The area needed to be assessed as a whole.

The Committee is increasingly able to determine applications from doctors and pharmacists on the basis of the written evidence alone. In relatively few of these cases are local visits necessary or helpful.

This reflected not only the Committee's increased experience but also that of FPCs and the local professional committees in the way they collected and submitted evidence.

In answer to a question from Philip Monk of Kilgetty, Sir Alan said he would be surprised if the amount of doctors dispensing had increased since the RDC had started.

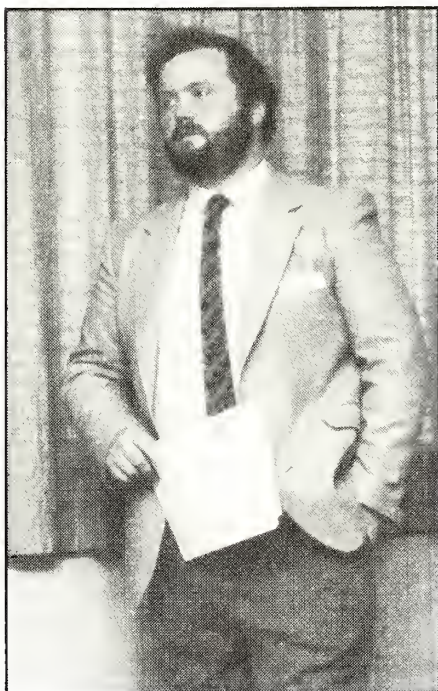
"The RDC has given permission for several pharmacies to open up and in some of those cases that had meant a substantial diminution in doctor dispensing", he said. "On the other hand, we have given permission for doctors to extend dispensing and the impact of this has been fairly small."

The secretary of the Rural Pharmacists Association, John Davies, expressed the view that it was difficult for a pharmacy to be established in a rural area when the RDC had given the doctor nine months notice to stop dispensing. Sir Alan said that each case was looked at on its merits. If a doctor was to lose a half to a third of his income from dispensing, a long period would well be considered. Nine months was fairly rare, but six months could well be the case. The pharmacist could build up his business with new patients during that time.

Asked if he felt there was any reason to alter the remit of the committee, and amend them in terms of the decisions made, Sir Alan said he would be happy to consider anything, but the important thing was to have the two professions working together.

Doctors and pharmacists had been at each other's throats in rural areas for many years, he said. "Clothier was an unhappy compromise, but the professions got together and agreed something, and I am encouraged by the way in which everybody works together.

"I would be sorry if anything happened to disturb the spirit of co-operation. If they



Mr Phil Parry

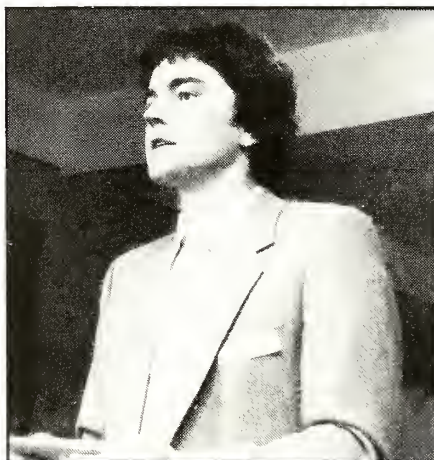
could agree to a widening of the remit then I would not oppose it. But it took eight years to get where we are now and I think it would take as long to get anything else."

## Involve Council in negotiation

**The President of the Pharmaceutical Society, Dr Geoff Booth, would like to see Council more involved in future negotiations on a new contract for community pharmacists.**

Speaking at the Welsh Conference banquet, Dr Booth said he was not going to make a political speech. If he had been making one he would be urging the "grass roots" to ensure that the Society's Council was consulted at an early stage in any future negotiations on such fundamental issues affecting the whole profession.

Mr Roderick Jones



## Opportunities in ag and vet

**Mr Phil Parry and Mr Roderick Jones said there were tremendous opportunities for pharmacists in the ag and vet field, but there were a number of problems facing pharmacists who wanted to get more involved.**

Although there was a good distribution of animal medicines through vets, the vet himself was very busy and often out, Mr Parry, an ag and vet pharmacist from Crymych in Dyfed told the conference. Merchants and saddlers were accessible, but had no scientific training. They were also unused to the idea of ethics, and had scant regard for the law. Pharmacists were in an ideal position to distribute animal medicines.

There were, however, a number of fundamental problems. Firstly, stockholding; the seasonality of many animal products meant pharmacists tended to err on the side of caution and hold small stocks. This led to stock-outs and added to the cost traps for newcomers, holding back the ability to compete. There was some difficulty in obtaining POMs. Some veterinary wholesalers would not supply without seeing a prescription for the product. Some refused to supply pharmacies with veterinary products at all. So the pharmacist's advantages of accessibility, professionalism, knowledge and flexibility were countered by poor buying power, poor availability and poor distribution.

Some of the biggest pharmaceutical operators had banded together as Vetchem to supply equine anthelmintics, Mr Parry said. But their distribution was again slow. He suggested a major pharmaceutical wholesaler might like to do some research on how many pharmacists would be interested in ag and vet medicines. The wholesaler could perhaps buy in the top 20 lines nationally, or the largest veterinary pharmacists could supply products through the wholesaler's transport system.

Mr Jones, from Hay-on-Wye and a Vetchem member, agreed it was an opportunity not to be missed. "The present climate is ideal, and it could provide rural pharmacy with the boost it so badly needs." The merchants' code of conduct had led to less than 1,500 premises registering in 1985 compared with 3,500 listed in 1984, so the "cowboy" element had been reduced. Pharmacists must now take the initiative and there were a number of factors in favour of this.



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# Drug stores race ahead of pharmacies — Nielsen

**Drug store turnover increased twice as much as pharmacy turnover in 1983 and drug stores are likely to continue to exploit the potential for growth in OTC sales.**

These are among the conclusions of the latest pharmacy and drug store trade report from Nielsen Business Services. The report says the difference in drug store and pharmacy turnover growth highlights the implications of multiple group buying strength.

There was a 0.9 per cent increase in the number of pharmacies (to 9,609) accompanied by an 11.5 per cent increase in turnover (to £1,876.8 million), compared to a 3.2 per cent increase in drug outlets (1,613) with a 22.6 per cent increase in turnover (to £238.9m). Although the increase in drug stores is from a smaller base, the increase in turnover represents purely OTC sales increases. One-fifth of drug stores accounted for 69 per cent of turnover while in the pharmacy sector one-fifth of outlets took 32 per cent of turnover.

Independent pharmacies seem to have held their ground against the multiples in 1983, the report continues, although Boots are not included in the survey.

Multiples, including Co-operatives, increased in number by 2.1 per cent while independents increased by 0.7 per cent. But multiple turnover increased only by 2.1 per cent compared to 11.4 per cent in independents. Average multiple turnover remained 35 per cent higher than the independent at £251,484 (independents £186,685). This differential had been increasing steadily over the previous five years but remained static between 1982-3.

Increased turnover in independents is partly attributable to a greater dependency on NHS business, Nielsen suggest. In 1983 NHS business accounted for 53.1 per cent of turnover through multiples, falling slightly to 53 per cent in 1984. Figures for independents were 69.7 per cent in 1983 and 70 per cent the following year.

Multiple concentration of turnover in 1983 appeared to be sharpest in London, where 26.5 per cent of stores accounted for 31.6 per cent of multiple pharmacy turnover. In the independent sector, 26.4 per cent of stores accounted for only 24.3 per cent of turnover.

Tyne Tees multiples fared particularly badly, with a 3.5 per cent increase in stores and a 12.3 per cent decline in turnover,

*Chemist & Druggist 19 October 1985*

while independents increased their turnover by 7.7 per cent. But Midlands multiples appeared to do well, with 20.8 per cent increase in shop numbers and 31.9 per cent increase in turnover.

Multiple share of turnover fell in traditionally strong regions such as Yorkshire (down from 23 per cent to 22 per cent) and Scotland (from 19 per cent to 17 per cent) but London, Anglia and the Midlands showed an increase in multiple share.

Independent pharmacy turnover showed the greatest increase in Scotland, the Midlands and London. This turnover increased ahead of multiples in Scotland, Tyne Tees, Yorkshire, Wales West and Westward and Southern regions. Nielsen believe that the continuing dominance of the independents in certain regions is due in part to the lack of multiple groups operating in the pharmacy trade.

The drug store trade is characterised by a predominance of outlets in the Midlands and South, the report continues. In 1983 London, Anglia, Southern, Wales West and Westward accounted for 73 per cent of drug stores turnover, with London alone taking 31 per cent.

The real growth reflects the expansion that is occurring in the drug store trade. The most growth between 1982-83 was achieved in Wales West and Westward and Southern, with turnover increases of 68 and 38 per cent respectively. In the case of the former, the increase was accompanied by a 16 per cent increase in store numbers. As in pharmacy, the least growth occurred in Tyne Tees — where there was only 7 per cent increase in turnover.

Turning to future prospects, the report says it is too early to predict the effects on both pharmacy and drug stores of recent legislation, in particular, the limited list. While pharmacies may continue to rely on NHS receipts, drug stores may exploit the potential for increased OTC sales and so achieve relatively greater growth. Some areas of potential growth have already been recognised by multiple grocers. "Nielsen Marketing Research: Pharmacy and Drug Store Trade Report 1985" (£199). A.C. Nielsen and Co Ltd, Nielsen House, Headington, Oxford OX3 9RX.

**Chemi Save** is a new toiletries cash and carry, opened in Avonmouth by the Billington Group. The site is 12,000 sq ft and carries branded toiletries, household goods and baby care products.

## Glaxo profits up £147m

**Glaxo's pre-tax profits have leaped up by 57 per cent in the year to June 30, from the previous year's figure of £256m to £402.9m in 1985.**

Turnover for the group amounted to £1,185.7m, compared with £914.4m last year — an increase of 30 per cent. This includes sales to Vestric but excludes sales by the company — which was sold in March to AAH. But Glaxo's shares are down by £0.35 due to the City's higher profit expectations.

Zantac accounts for much of the group's success, with total sales of £430m this year, climbing from £250m, and sales nearly doubling in the US. Apart from Zantac, pharmaceutical sales have grown 15 per cent by volume.

The sales figure for Britain shows a £33m increase, excluding Vestric — rising from £194.7m to £227.7m this year.

□ Glaxo Pharmaceuticals' new managing director is John Burke, who joins from Merck Sharp & Dohme on November 1. He succeeds Bernard Taylor who becomes chief executive of Glaxo Holdings in February, retaining his chairmanship of the pharmaceutical subsidiary.

## Snap judgment

**Polaroid have won another round in their long-standing infringement suit against Eastman Kodak, with a US court decision barring the sale of Kodak's instant cameras from January 9.**

Judge Rya Zobel of the Massachusetts District Court has granted a permanent injunction against Kodak's manufacture, use or sale of instant cameras and films infringing patents held valid in her September decision. That ruling held that Kodak had infringed seven out of ten Polaroid patents.

Kodak say they will appeal immediately. "Our instant photographic products were developed and introduced based on our own distinctive technology. We continue to believe that our products do not infringe the patents of others. We shall continue to contest this matter vigorously."

Kodak say they will go on taking orders for instant cameras and have no plans to alter their manufacturing programme. The company's new range of cameras (see C&D September 21, p494) includes the Trimprint 920 and 940 instant models.



## Surveyors on the scent for fifth year — SDC celebrate

A research company which claims to have been the first to produce "realistic" estimates of cosmetics and toiletries markets — in some cases four or five times those previously quoted — celebrates its fifth anniversary this month.

Syndicated Data Consultants of Marlow, Bucks, introduced a new research technique which now uses National Opinion Polls fieldworkers to conduct 1,000 "at home" interviews every week on a structured basis, allowing them to monitor market changes both swiftly and accurately. The technique has more recently been extended to cover OTC medicines and vitamins.

In 1981, SDC lifted market estimates for make-up to £202m, for female fragrance to £185m, for skin care to £132m and for male fragrance to £74m. They were also able, they say, to provide sector definitions better suited to the industry's requirements: make-up sterling shares for the year to June 1985, for example, are put at premium brands 17 per cent; middle market 41 per cent; budget brands 22 per cent, and non-retail 20 per cent. For

shampoos, 25 per cent is said to be premium, 60 per cent mass market, and 15 per cent own brands.

SDC claim the first correct reading of some of the premium companies' sales — giving Estee Lauder over £55m in the year to June, with Charles of the Ritz/YSL, Lancôme, Arden and Clinique making up the top five among the female ranges. Some of the "surprises" shown by the research have been Constance Carroll's unit brand leadership in retail in the year to June (with 5 million nail make-ups sold annually); Oriflame's brand leadership in astringents and cleansers, and Henna Hair Health's number one position among conditioner shampoo ranges in Boots.

SDC research has also incorporated attitudinal studies: a strong trend towards a desire to redden the hair and a dramatic age shift towards the young and fashion conscious is said to have led to changes in colorant ranges and the targetting of newer brands.

SDC's growth over the first five years has always been above 35 per cent annually, and in the current year turnover is expected to top £1 million for the first time.

"The products sell well where there is no quality trade-off with the original article," says Mr Curtis. All the products offer around 30 per cent on return.

## CPC hitting with six

CPC (United Kingdom) Best Foods Division are using a six-man sales force to carry Dextrosol and other products to chemists and non-grocery trade.

The sales force will be seeing the products through the wholesaler to chemists, communicating the advertising message and ensuring the products are properly merchandised. Peter Curtis, marketing manager, sees a great potential for the growth of Dextrosol. "The major reason is the current trend for health and fitness and the growth of active leisure. What we are offering is a source of fast energy for the serious and not so serious sportsman," he says. A test marketed glucose drink has been added to the range of five flavours of tablet, and Dextrosol has been advertised on television for the past two years, albeit only in the South. Mr Curtis hopes to see national advertising for next year.

The sales force will also be promoting Knorr low calorie Quick Soup and Hellmans reduced calorie mayonnaise.

## New Era opens

The custom-built New Era factory at the Seven Seas Health Care complex at Marfleet Humberside was officially opened on October 14 by local MP John Prescott.

The factory, which will employ around 30 people, will manufacture New Era biochemic salts, a range of homoeopathic remedies which extends the Seven Seas line-up. "New Era perfectly partners the products we currently manufacture," says chairman Geoff Powell.

## Price index

The Department of Employment retail price index for all items in September was 376.5 (January 1974 = 100). This represents a fall of 0.1 per cent on August and a rise of 5.9 per cent on September last year.

## Sunday survey

The Auld Report's claim of widespread illegal Sunday trading is "a complete exaggeration," and 92 per cent of shops shut on Sunday, says a recent survey.

Only 2.1 per cent of those open sell more than a quarter of illegal items, says the Jubilee Centre of Cambridge, who surveyed over 12,000 shops in 44 locations. Only 1.3 per cent sold three quarters of their goods illegally.

Infringements of the 1950 Shops Act are much higher in Greater London than elsewhere, says the survey. But given evidence from the Association of District Councils that an average £27 a week is spent on enforcing the Act, the surveyors believe the rate of compliance to be "astoundingly high."

## EVENTS

### BHA course

The British Homoeopathic Association is holding a weekend course on Homoeopathic Pharmacy on January 25 and 26.

The course is to be held at the Victory (Services) Association, 63 Seymour Street, London W2. Sessions will be from 10am to 5pm (£20 for both days, £10 for one day).

Details from to Mrs M.J. Munday, general secretary, The British Homoeopathic Association, 27a Devonshire Street, London W1N 1RJ.

**Monday, October 21**

Mid Glamorgan East Branch, Pharmaceutical Society. The Globe Hotel, Pontypridd at 8pm. Dr P.R. Gard, Brighton Polytechnic on "Sex Hormones and Mood." Buffet supper to follow.

**Tuesday, October 22**

Sub-committee for post qualification education and training of pharmacists. Medical Biology Centre, Lisburn Road, Belfast at 8pm. Dr R. Hayes on "Management of the special problems in diabetic patients."

**Wednesday, October 23**

Wirral Branch, Pharmaceutical Society and Birkenhead & Wirral, Pharmacists' Association. Wirral postgraduate centre, Clatterbridge Hospital at 7.30pm. Dr D. Bailey on "The Curious history of contraception."

**Thursday, October 24**

Crawley, Horsham and Reigate Branch, Pharmaceutical Society, Ciba, Horsham at 7.30pm for 8pm. Mrs M. Briggs "pharmaco — botanist."

**Advance Information**

The Welsh Committee for Postgraduate Pharmaceutical Education. Glanwili Hospital, Carmarthen, on Sunday, October 27 at 10.30am. Study Day on Homoeopathy. Further information and applications to Dr D.J. Bailey, DPPS, The Welsh School of Pharmacy, UWIST, PO Box 13, Cardiff CF1 3XF.

The College of Pharmacy Practice, postgraduate medical centre, Clatterbridge Hospital, Wirral, Merseyside, on Sunday, November 24. A study day on medicines and standards of professional conduct and practice. Further information and application forms from the secretary of the College, 1 Lambeth High Street, London SE1 7JN.

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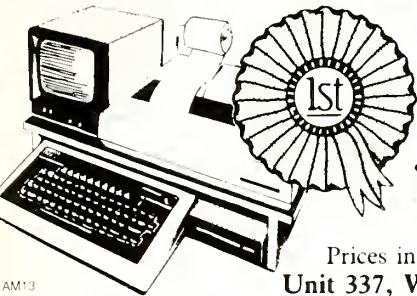
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## FPCs vote for Bolton chemist

Mrs Jean Rothwell, a pharmacist and chairman, Bolton Family Practitioner Committee, was elected to the Society of FPCs Management Committee at its annual meeting last week.

Mrs Rothwell has been a member of the FPC since 1974, secretary of the LPC since 1969 and is a past chairman, Pharmaceutical Society's Bolton Branch and North Western Regional Committee.

Mr R.G. Worby, Barking and Havering FPC, who has been a member of the Management Committee since 1979, narrowly failed to be re-elected.

## Revlon md goes

Revlon (UK) have announced the resignation of their managing director Tedd Thomas.

Mr Thomas introduced the company's beauty group, but they say his decision is not related to the proposed sell-off of this sector (see C&D last week).

John R. Hornyak will take over as UK manager. He was appointed regional president nearly two years ago and took responsibility for the British arm of the company last year.



Richard Heskell, MPS, site director for Roche, is retiring early due to ill health. Mr Heskell has worked with the company for ten years



The Johnson & Johnson Save the Children Appeal has raised £100,000 in its three month sticker campaign. A cheque was presented to the Fund's president, Princess Anne, by J&J consumer operations' director and general manager, M.R. Shire. During the campaign customers were invited to collect 5p tokens from the baby toiletries range

## Unichem expand

As part of their salesforce expansion programme Unichem have appointed two new area sales managers.

John McCue takes responsibility for Scotland and North East England. He has previously worked for Johnson & Johnson, Sangers and Kirby Warwick.

Working in East Anglia, East and South East London and Surrey is David Lakin, who is promoted from within the sales force.

Three new members have joined the regional committees: two in North London and one in Bristol. James Cook, MPS, and Has Modi, MPS, join the London North branch and Stuart Moul, proprietor of a community pharmacy, goes to the West Country committee.

□ Unichem have now had 1,500 applications for their fascia scheme. The scheme, which gives 50 per cent of costs (up to £200) is open to pharmacists who use Unichem as their principal wholesaler. The design has to carry the Unichem symbol and house colours.

## Beg pardon

The gremlins hit our phone lines two weeks ago and turned a cosmetics company into a parent. Jeff Gresswell, the 1985 champion for 74-78 Formula Ford (see C&D October 5, p 644) has been financially supported in his racing by Mavala — not by his father. C&D staff will in future blow their own ear trumpets...

## APPOINTMENTS

### Wellcome head

The Wellcome Foundation's new head of research is Dr Ronald Cresswell, who will take over full duties by the end of the year.

Dr Cresswell leaves his appointments in the Coopers Animal Health group, where Dr W. Duncan will be chief executive as from January 1. Dr Duncan will then leave his post with the ICI pharmaceuticals division.

### Numark fielder

Duncan Harvey has been appointed field sales manager for Numark wholesaler John Hamilton (Pharmaceuticals) of Clydebank.

Mr Harvey joined Vestric in 1971 as a territory representative and more recently worked as division sales manager.

**B.R. Lewis Chemists Ltd:** Derek McVea has been appointed sales manager of the generic division. He was previously sales manager of M.A. Steinhard Ltd.

**L'Oreal:** Roderick Kelley is to be chief executive of the Prestige & Collections branch. Mr Kelley comes from Rochas.

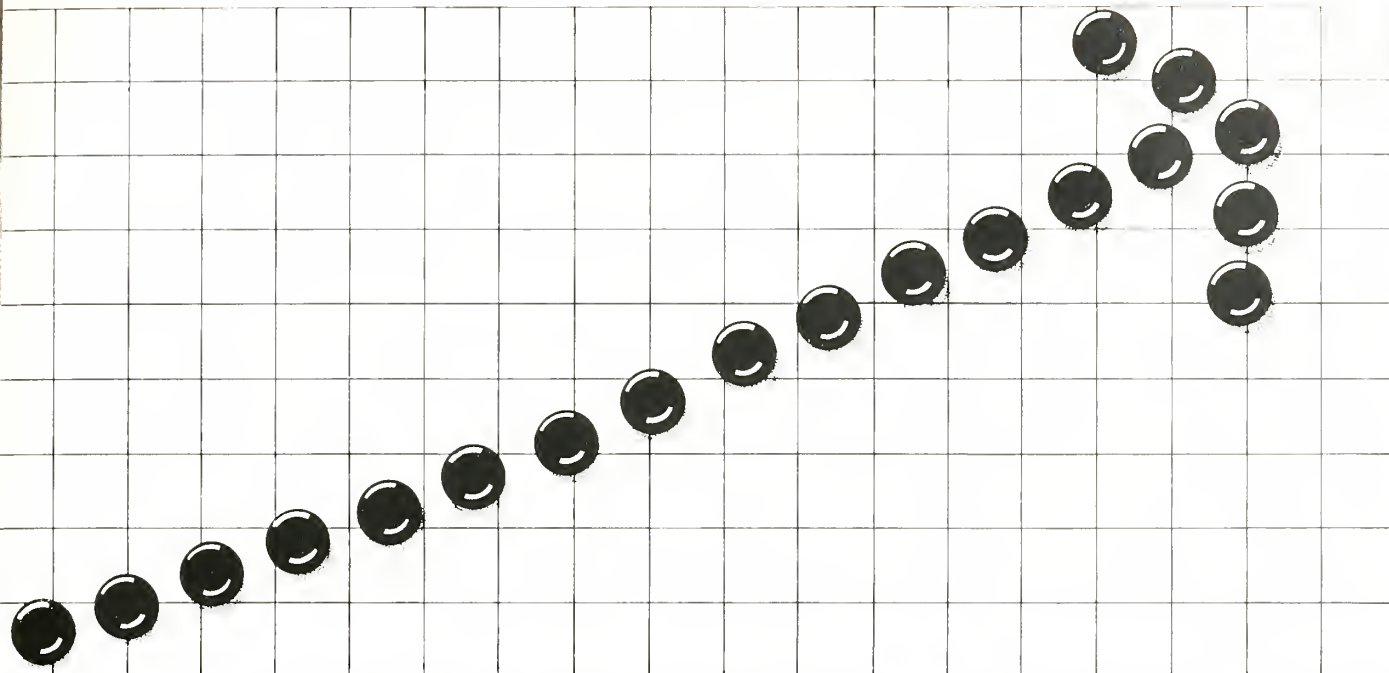
**Farley Health Products:** Kim Rawson becomes general sales manager. Terry Compton is National Account group controller and Northern and Southern field managers are Blair Jenkins and David O'Donnell.

**CPC (United Kingdom) Best Foods Division:** Roy Hayward (North), Lawrence Findlay (Scotland & Borders), Eamonn Murray (London & South), Nigel Bennett (Midland & Wales), Tim Merritt (Anglia & South East) and Dave Stothard (South West & South Wales) are the new chemist sales force (see p724) under sales manager Phil Williams.

## DEATH

**Milton:** Frank Milton, managing director of Sally Hansen after an accident in the South of France. Mr Milton spent over ten years with Revlon before moving to Coty and then Maybelline. A memorial service will be held at 12pm on Wednesday, November 6 at St George's Church, Hanover Square, London W1.





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